## Application for Admission to Postulancy

## Form 4a Canon III.8.2.(b)

				Date
Name				
Female	Male _			
Date and l	Place of Birth			
Phone:	Home			
	Work			
	Cell		<u></u>	
Email				
		Denomination		
		ongregation		
Date of Co	onfirmation o	r Reception into the Episco	opal Church	
Name and	l location of C	ongregation		
* Please a	ttach evidenc	e of baptism and confirma	ition or reception.	
			_	
Former de	enominations	Dates of Participation	Not Ordained	Date of Ordination
		er denomination, give a		eaving that position and
elaborate	ın the Spiritu	al and Personal Autobiog	rapny.	
Length of	Residency in	the Diocese of Colorado		
		ous application for Holy ( Anglican Communion?		al Church in Colorado o
If yes, who	ere and when?	?		
		en refused admission as a ermed. Canon III.8.3.(c).	candidate for ordin	ation in another diocese

 $Write\ about\ the\ above\ application\ and\ its\ results\ in\ the\ Spiritual\ and\ Personal\ Autobiography.$ 

Was the aspirant's Congreg Ministry?	ational Discernment Commi	ttee trained by the Co	ommission on
Did the Committee follow the	process as taught?		
	of the discernment process in ou learned from the process. eess.		
Education			
Educational	Institution	Degree Conferred	Date
ordained in another tradition	diocese official transcripts f n, attach an official transcript lization	from your seminary.	
Employment History			
The aspirant is asked to atta and phone number of emplo	ach the following employmen oyers for the past ten years e es and reasons for leaving ficant about the job.	ending with the most r	recent; a brief
Marital Status			
Single: UnattachedIn a c	ommitted relationshipEn	gaged to be married	_
Married			
Name of spouse/significant o	ther		
Dates of Marriages or Committed Relationships			

If separated or divorced, full details are requested in the Spiritual and Personal Autobiography.

## Children

Name	Date of Birth	Date of Adoption	Date of Death	Custody (full, shared, none, emancipated)
Current Annual Income				
Property owned: Auto What alternative occupation f			— f your financ	ial needs do you have?
Disabilities: No Yes	_ If yes, please giv	ve details		
Please address this issue in yo	our Spiritual and	Personal Auto	biography.	
Have you received psychother	rapy or similar cou	ınseling? Yes_	No	_
Type of Counseling	of Counseling Dates Details		S	
Please address this issue in yo	our Spiritual and	Personal Auto	biography.	
Signature				
Date				

## **Send this form to:**

Executive Assistant to the Canon to the Ordinary
The Office of the Bishop
1300 Washington Street
Denver CO 80203-2008