



## **Diocese of Achonry Application Form for Diaconal Formation**

This form asks you for some basic information which will inform those involved with the selection process about your personal history, education, employment and membership of the Church. In addition, you will be given the opportunity to tell us, in the form of a written statement, about your vocational journey, something about your life to date and also about your sense of vocation and understanding of the permanent diaconate.

Please note carefully the following points:

- 1) Please write or type clearly in black ink so that the form can be copied.
- 2) Please ensure that you have read carefully and understood the notes accompanying this form before you start to fill it in.
- 3) All questions must be answered accurately and completely.
- 4) Please enclose four passport-style photographs of yourself and originals of your birth, baptismal and confirmation certificates together (where applicable) with your original marriage certificate, proof of dissolution/nullity of any previous marriage and of the death of any previous wife.
- 5) Please include originals of academic and professional qualifications.
- 6) If married, please enclose a letter from your wife expressly consenting to your application for diaconal formation. A *pro forma* letter of consent is enclosed.
- 7) Please ensure that you have signed and dated the form, having carefully read the declaration.
- 8) The completed form, your written statement, certificates and other documents should be sent by secure means to Fr. Dermot Meehan, Director of Diaconal Formation, The Parochial House, Swinford, Claremorris, Co. Mayo (original certificates will be copied and returned).
- 9) If you find that there is insufficient space for your answer to a question, please continue on a separate sheet of paper (quoting the question number).

<b>Check Box (<i>Have you included?</i>)</b>	
Birth certificate	Wife's written consent
Baptismal certificate	Written statement of vocational journey
Confirmation certificate	Photographs (x4)
Marriage certificate and proof of dissolution/annulment/death	Proof of academic/professional qualifications

**Section 1: Personal Details**

Surname: \_\_\_\_\_

Christian names: \_\_\_\_\_

Title: \_\_\_\_\_

*Have you ever been known by any other name? If so, please provide details.*

\_\_\_\_\_  
\_\_\_\_\_

Place and date of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Marital Status: \_\_\_\_\_

*Please note that you are asked to produce your birth certificate.*

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Section 2: Family Details**

Please complete as applicable.

**Wife:**

Christian Name: \_\_\_\_\_

Place and date of birth: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Religion: \_\_\_\_\_

*(If received into the Catholic Church from another denomination please state.)*

\_\_\_\_\_.

**Children or Dependents:**

Christian Names:

Dates of Birth:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Next-of-Kin (for unmarried applications):**

Name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 3: Secondary Education**

Names and addresses of all secondary schools and colleges attended.

Names & Address	Dates Attended

Secondary School Qualifications

Subject	Level	Year	Grade

**Section 4: Further and Higher Education**

Please note that you are asked to provide proof of academic qualifications.

Name & Address of Educational Establishment Attended	Dates	Subjects	Type of Qualification	Result

**Section 5: Professional Qualifications**

Please note that you are asked to provide proof of professional qualifications.

<b>Name of Professional Body:</b> <hr/>
<b>Details of Professional Qualifications:</b>
<b>Dates :</b>

**Section 6: Employment**

<b>From:</b>	<b>To:</b>	
<b>Name &amp; Address of Employer:</b>	<b>Position Held &amp; Nature of Work:</b>	<b>Reason for Leaving:</b>

***Section 7: Time not accounted for***

If there are any periods of time not accounted for in Sections 4, 5 and 6 above, please give details here:

***Section 8: Interests, skills and positions of responsibility***

A. Please give details of your main interests and hobbies:

B. Please give details of any activities in which you have been involved and any positions of responsibility you have held which you feel would help us know more about you:

C. Please list any particular skills or abilities you have. (You may wish to include things such as driving, computer literacy, musical or artistic gifts and theological or spiritual courses attended):



**Section 9: Christian Vocation**

**Baptism**

Date of Baptism: \_\_\_\_\_

Denomination of Baptism: \_\_\_\_\_

Name and address of church/place of Baptism:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please note that you are asked to provide recent proof of Baptism. This can normally be obtained by writing to the church where the Baptism took place. If for some reason this is not possible, please consult the Diocesan Director for the Permanent Diaconate for guidance.*

**Reception into the Catholic Church (if applicable)**

Date of Reception: \_\_\_\_\_

Name and address of parish: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please note that you are asked to provide recent proof of Reception. This can normally be obtained by writing to the church where the Reception took place. If for some reason this is not possible, please consult the Diocesan Director for the Permanent Diaconate for guidance.*

**Confirmation**

Date of Confirmation: \_\_\_\_\_

Name and address of parish: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please note that you are asked to provide proof of Confirmation.*

**Marriage / Partnership**

Have you ever been through any form of civil or religious marriage?

Yes / No *Please delete as appropriate*

If "Yes" please give details below:

Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Have you or your wife been married before, even civilly?

Yes / No *Please delete as appropriate*

If "Yes" to whom? \_\_\_\_\_

Place(s) and date(s): \_\_\_\_\_

How was it / were they dissolved? \_\_\_\_\_

Court(s) and date(s) of decrees absolute:

\_\_\_\_\_

\_\_\_\_\_

*Please note that you are asked to provide proof of marriage and of the dissolution/nullification of any previous marriage and of the death or any previous wife.*

**Partnership**

Have you ever lived with another person in an on-going relationship  
(other than above)?

Yes / No *Please delete as appropriate*

If "Yes" please give details:

**Previous applications for the ordained ministry or religious life**

Have you ever applied to be accepted as a candidate for the permanent diaconate, priesthood, religious life or a secular institute in the Catholic Church, or any other church community?

Yes / No     *Please delete as appropriate*

If “Yes” please give full details, including whether the application was successful, how long you spent in formation and also the reason for leaving.

*(Please note that we will need a reference from the house of formation, diocese or religious community to which you belonged).*

**Section 10: Parish Community**

Name and address of the parish where you currently live:

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How long have you been a member of the parish? \_\_\_\_\_

Is this the parish you normally attend?

Yes / No     *Please delete as appropriate*

If "No", please list the parish you attend and state why you have become involved with that parish.

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How often do you attend Mass? \_\_\_\_\_

Please tell us about any part you take in the life of your parish or the wider Church, including membership of any societies or prayer groups, any liturgical ministries (e.g. Lector; Extraordinary Minister of Holy Communion), any apostolic work you do (e.g. work with youth or homeless people) and any parish administration.

**Section 11: Personal Health**

Do you suffer from any medical or psychological condition that you feel may affect your ability to work effectively as a permanent deacon?

Yes / No *Please delete as appropriate*

Have you ever suffered from a major illness, chronic condition or serious allergy?

Yes / No *Please delete as appropriate*

During the past five years have you lost time from work or education as a result of illness?

Yes / No *Please delete as appropriate*

If the answer to any of the above is “Yes”, please give details below:

*Please note that you will be required to undergo a medical examination and a psychological assessment as part of the selection process.*

**Section 12: Written statement of Vocational Journey**

In your own words, please tell us about yourself, your family and background, and the important influences in your life. Please give us your view of the permanent diaconate and the ministry to which you feel yourself called with some indication of how you see the ministry being fulfilled in practical terms. Please also tell us why you feel that ordination is necessary for the work you foresee and how your sense of vocation seems to be different from your vocation as a committed layman. In other words, what brings you to the point in your faith life where you are putting yourself forward for the permanent diaconate?

**Your essay should be NO LONGER THAN 1500 WORDS. Please attach to Application Form.**

**Section 13: Life as a permanent deacon**

Having discussed the matter with your parish priest, do you believe that, in terms of the time required to be devoted to the ministry, the permanent diaconate will be compatible with your existing and reasonably foreseeable and professional commitments?

Yes / No *Please delete as appropriate*

If married, does your wife give her full support to your application for formation as a permanent deacon and to your potential ordination as a permanent deacon?

Yes / No *Please delete as appropriate*

*(Please note that we need your wife to confirm this to us in writing. A pro forma letter is enclosed.)*

In the event of your wife's death, are you willing to remain unmarried, accepting the Church's discipline of celibacy?

Yes / No *Please delete as appropriate*

*(Please note that you will be required to make a declaration to that effect before ordination.)*

If unmarried, have you considered fully and are you willing to accept the Church's discipline of celibacy?

Yes / No *Please delete as appropriate*

*(Please note that you will be required to give a commitment to celibacy at ordination.)*

Have you discussed your interest in the permanent diaconate with your employer (if any)?

Yes / No *Please delete as appropriate*

If so, what is their reaction? If not, why not?

To the best of your knowledge, will you be able to be financially independent as a permanent deacon?

Yes / No *Please delete as appropriate*

Please comment:

Are you likely to continue to live at the address at which you presently live?

Yes / No *Please delete as appropriate*

If "No", please explain

**Section 14: Other Details**

Have you ever been convicted of any offence (other than a road traffic offence that did not result in imprisonment) or had any order made against you by a civil, criminal or military court or public authority?

Yes / No

Are you aware of any irregularities in your life which would prevent you from being able to receive Holy Orders, as defined in Canon 1041?<sup>1</sup>

*(Please see notes attached).*

Yes / No

Is there any other information, not asked for elsewhere in this form, which you think it would be relevant or helpful for us to know?

Yes / No

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<sup>1</sup> **Canon 1041.** The following are irregular for receiving orders:

1/ a person who labours under some form of amentia or other psychic illness due to which, after experts have been consulted, he is judged unqualified to fulfil the ministry properly;

2/ a person who has committed the delict of apostasy, heresy, or schism;

3/ a person who has attempted marriage, even only civilly, while either impeded personally from entering marriage by a matrimonial bond, sacred orders, or a public perpetual vow of chastity, or with a woman bound by a valid marriage or restricted by the same type of vow;

4/ a person who has committed voluntary homicide or procured a completed abortion and all those who positively cooperated in either;

5/ a person who has mutilated himself or another gravely and maliciously or who has attempted suicide;

6/ a person who has placed an act of orders reserved to those in the order of episcopate or presbyterate while either lacking that order or prohibited from its exercise by some declared or imposed canonical penalty.

**Canon 1042.** The following are simply impeded from receiving orders:

1/ a man who has a wife, unless he is legitimately destined to the permanent diaconate;

2/ a person who exercises an office or administration forbidden to clerics according to the norm of cann. 285 and 286 for which he must render an account, until he becomes free by having relinquished the office or administration and rendered the account;

3/ a neophyte unless he has been proven sufficiently in the judgment of the ordinary.



If the answer to any of these questions is “Yes”, please give details on a separate sheet of paper.

***Section 15: References***

Please provide below the name and address of your parish priest. Please also give the names and addresses of two people whom we may approach for character references. Such persons should be independent and should not be personal friends or relations. If you are currently in employment, we would like to contact your employer for a reference unless you persuade us that this would not be appropriate. Please give the name and address of someone at your place of employment whom we may contact for a reference. If you are self-employed, please give the name of an appropriate professional colleague or associate whom we may approach for a reference. If you have previously attended a seminary or house of formation, please give the name and address of an appropriate person whom we may approach for a reference.

**Parish priest**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Character (1)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Character (2)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Employer / professional colleague:** May we contact immediately? Yes / No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Seminary / House of Formation (if applicable):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

***Section 16: Declaration***

I declare that, to the best of my knowledge and belief, the information contained in this form is accurate, complete and not misleading. I agree that the Bishop of Achonry, to whom I am applying (or his agents) may make any enquiries as they see fit to establish my suitability for diaconal formation, including (without limitation) an “enhanced check” with the Gárda Central Vetting Unit. I have read, understood and accept the notes accompanying this form. I understand that the Diocese of Achonry will require me to undertake a medical examination and a psychological assessment and that I am expected to make the resulting reports available to the diocesan bishop and his agents. I understand that, if it comes to light that any statement I have made in this form is false, misleading or incomplete, my application may be rejected or, if my diaconal formation has begun, I may have to withdraw from it. I understand that any relevant information which becomes available at a later date may be considered by the diocesan bishop.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_