

DIOCESE OF AMARILLO



REGISTRATION FORM – **Diaconate Discernment Sessions for the Class of 2020**

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ E-Mail: _____

Date of Birth: _____ Place of Birth: _____

Social Security #: _____ Present Occupation: _____

Employer/Address: _____

Languages: Primary _____ Secondary _____

Citizenship: USA ___ Country: _____ Immigration Status _____

Present Parish: _____

Pastor's Name: _____

Current Ministries: _____

Wife's Name: _____

Location, Date of Church Marriage: _____

Children Names Ages: _____

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Deacon Inquirer's Acknowledgement:

I, the undersigned, do hereby recognize that admission into the Diaconate Discernment Sessions, does not guarantee admission into the Deacon Formation Program. I further state that I have discussed my interest in the diaconal ministry with my Pastor and (if married) my wife.

Signature

Date

Wife's Acknowledgement:

I, the undersigned, do hereby state that my husband has discussed with me his interest in the diaconal ministry and I support his interest therein. I further acknowledge that I will attend the Diaconate Discernment Sessions with him to determine if this ministry is doable for our family in the here and now.

Signature

Date

Pastor's Acknowledgement:

I, the undersigned, do hereby acknowledge that I support this man as a deacon inquirer. I have discussed the diaconal ministry with him (and if married his wife) and I am fairly confident that he may have a calling to diaconal ministry and has the potential to undergo the commitment required for deacon formation training. I further understand that his admission into the Discernment Sessions does not guarantee admission into the Formation Program.

Pastor's Signature

Date

Please mail to: Diocese of Amarillo, Diaconate Office, 1800 North Spring St., Amarillo, TX 79107.

