

**Deacon Formation Program**  
Diocese of Gary  
Application Form

Directions: Please type or *print*. Do not write in longhand. All information in this questionnaire will be held in confidence.

Today's Date \_\_\_\_\_

**A. Basic Information**

Name (last, first, middle) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

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

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

Date, Church, City and State of Baptism \_\_\_\_\_

\_\_\_\_\_

Date, Church, City and State of Confirmation \_\_\_\_\_

\_\_\_\_\_

Parish now attending \_\_\_\_\_ How long? \_\_\_\_\_

Marital status (circle one)   Single   Married   Widowed   Divorced

If married, were you married in the Catholic Church? (circle one)   Yes   No

If yes, date and church and city and state of marriage \_\_\_\_\_

\_\_\_\_\_

If not married in the Catholic Church, has your marriage been subsequently blessed (validation) by the Catholic Church? (circle one) Yes No

If yes, date and church and city and state of the validation \_\_\_\_\_

\_\_\_\_\_

If divorced, have you received an annulment? (circle one) Yes No

Your present occupation \_\_\_\_\_

How long in this occupation? \_\_\_\_\_

Current employer \_\_\_\_\_

Address of employer (city & state) \_\_\_\_\_

How long with this employer? \_\_\_\_\_

Military service: Branch \_\_\_\_\_

Years served: From \_\_\_\_\_ To \_\_\_\_\_

Rank \_\_\_\_\_ Service Number \_\_\_\_\_

Type of Discharge \_\_\_\_\_

Have you ever been convicted of a felony? (circle one) Yes No

If yes, please explain

## B. Education

Circle last grade completed

High school: 1 2 3 4

College: 1 2 3 4

Graduate: 1 2 3 4

**Degree(s)** \_\_\_\_\_

**Names of schools you attended:**

**High School** \_\_\_\_\_

**City & State of High School** \_\_\_\_\_

**College or vocational school** \_\_\_\_\_

**City & State of college or vocational school** \_\_\_\_\_

**Major(s)** \_\_\_\_\_

**In what language(s) other than English are you conversant?** \_\_\_\_\_

## **C. Personal**

**Are you a convert to Catholicism? (circle one)    Yes    No**

**If yes, when and where were you received?** \_\_\_\_\_

**Have you ever studied for the priesthood or religious life (circle one)    Yes    No**

**If yes, where and when** \_\_\_\_\_

**Why did you leave?** \_\_\_\_\_

**List any Christian formation experiences in which you have participated, i.e., Cursillo, marriage encounter, retreats, etc**

**How often do you participate in:**

**Mass** \_\_\_\_\_

**Reconciliation** \_\_\_\_\_

**Scripture reading** \_\_\_\_\_

**List ministries you are presently involved in, i.e., choir, usher, lector, Eucharistic Minister, etc.**

**List any of your current service activities in your community (school volunteer, sports coach, reading tutor, etc)**

**What is the status of your Virtus Training? (circle one)**

**Completed                      in progress                      Not begun**

**Have you ever been treated or sought treatment for drug/alcohol dependency?  
(circle one)    Yes    No**

**If yes, when and where?**

**Have you ever been treated or sought treatment for emotional and/or mental  
difficulties?**

**(circle one)    Yes    No**

**If yes, when and where?**

**Are you in good physical condition (a physical exam is required before admission to  
the deacon program)?**

**Why do you want to be a deacon? (use separate paper, if necessary)**

**Please attach with this form your autobiography. This should be TYPED, double-spaced, and not to exceed 5 pages. Your autobiography should address 1) the important relationships in your life, 2) the growth stages in your life, and 3) the experiences that have affected you, especially faith experiences.**

## D. Family - Wife

Wife's name (first, middle, maiden, last) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

Religion \_\_\_\_\_

Are you employed outside of the home (circle one)      Yes      No

If yes, name & address of employer \_\_\_\_\_

Have you discussed with your husband his desire to enter the Deacon Program?  
(circle one)    Yes    No

Did any particular difficulties arise from these discussions? (circle one)    Yes    No

If yes, what were they?

Were these difficulties resolved to the satisfaction of both you and your husband?

Your husband's involvement in the Deacon Program will routinely require him to be away from home. What effect do you see this having on you and your family?

**If Catholic, how often do you participate in the following:**

**Mass** \_\_\_\_\_

**Reconciliation** \_\_\_\_\_

**Scripture reading** \_\_\_\_\_

**If not Catholic, are you a member of a religious organization? (circle one)**

**Yes                      No**

**If yes, where?**

**What ministries are you involved in?**

**Do you find it routinely necessary to spend considerable time away from family due to work or other reasons?**

**You are always welcome to the classes and formation days your husband will be required to attend. Do you desire to attend these classes and formation days with your husband? (circle one)    Yes      No      Occasionally**

**Do you give your consent for your husband to enter the Deacon Program? (circle one)    Yes    No**

**Do you understand that should you die before your husband, the present discipline of the Church forbids him to marry again once he is ordained? (circle one)**  
**Yes                      No**

**Do you accept this? (circle one )    Yes    No**

**Signature of applicant's wife** \_\_\_\_\_

**Date** \_\_\_\_\_

## **E. Family – Children**

Name and age of children *still living at home*

## **F. Conclusion**

I \_\_\_\_\_ give permission to the Diocese of Gary to run a criminal background check on me as a part of my application to the Deacon Program.

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_