



ARCHDIOCESE OF PORTLAND IN OREGON

Diaconate Preliminary Information Form

Please print all information legibly in English

Legal name (first, middle, last, suffix): _____

How do you prefer to be addressed? _____

Street Address: _____ City: _____ St: _____ Zip: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

Phone: (Home): _____ (Cell): _____ Email: _____

Date of Birth: _____ Date of Baptism: _____ Church and Place: _____

Wife's Name: _____ Wife's Religion: _____

Date Married: _____ Church and Place: _____

Ages of Children living at home: _____ Have all your children been raised Catholic? Y N

Are you a US citizen? Y N If not US, what is your status? _____

Is your wife a US citizen? Y N If not US, what is her status? _____

English language proficiency: Listening Reading Speaking Writing

Have you been divorced? Y N If yes, give complete details on an attached sheet.

Has your wife been divorced? Y N If yes, give complete details on an attached sheet.

Have you received an annulment? Y N If yes, date: _____ Place: _____

Has your wife received an annulment? Y N If yes, date: _____ Place: _____

Parish: _____ Full Address: _____

Pastor: _____ Is your pastor aware of your discerning the diaconate? Y N

How many years have you been in the Archdiocese of Portland? _____ How many years in parish? _____

Education/Employment (start with highest degree):

Degree	Area of Study	School	Year(s)

Current Employer _____ Position: _____ Start Date: _____

**If necessary please use an additional sheet for extended answers;
please note answers by the numbers below.**

1. List the ways you have been active in the Church: _____

2. List the ways in which you have exercised civil or Church leadership: _____

3. What has made you consider the diaconate? _____

4. What concerns may your wife have about your exploring this vocational calling? _____

5. List and explain any periods of your life when you were not an active Catholic: _____

6. Have you ever dealt, or been accused of dealing, inappropriately with a minor? If yes, explain: _____

7. Do you have or have you had any medical conditions we should know about? If yes, explain: _____

8. Are you or have you been in therapy for any emotional or psychological reasons? _____

9. Additional information: _____

Signature: _____ **Date:** _____