

Spiritual Direction Statement

Name of Candidate: _____

Name of Director: _____

Dear Reverend Father:

Your assistance in helping to form men for diaconal ministry in our diocese is deeply appreciated. Without violating the confidentiality of spiritual direction, would you please complete this form and return it to the Director of Deacon Formation by April 15? Thank you very much.

By my signature, I attest that over the past year I have met with the above-named candidate on a regular basis and with sufficient frequency to meet his needs and spiritual growth. The Deacon Formation Program presumes that "sufficient frequency" would be about once per month.

Signature: _____

Date: _____

Please return to:

Director of Deacon Formation
Diocese of Davenport
780 W. Central Park Avenue
Davenport, IA 52804-1901