



DIOCESE OF KALAMAZOO

Inquiry Application for the Permanent Diaconate Formation Program

Manual Submission Form – Print, Complete by Hand, and Mail

Important:

Handwritten applications must be legible to be accepted.

If your handwriting is difficult to read, please consider using the electronic fillable form instead.

Deacon Kurt Lucas, Director of Deacon Formation

Office of the Diaconate
Diocese of Kalamazoo
215 N. Westnedge Ave.
Kalamazoo, MI 49007

269-349-8714 ext. 1239 (Deacon Lucas)

269-349-8714 ext. 1397 (Office of the Diaconate)

deaconformation@diokzoo.org

Diocesan Standards for Admitting Applicants to Inquiry Phase of the Formation Program

- Is committed to and lives out Gospel values of justice, charity, and service.
- Is committed to living a life of mature Christian spirituality.
- If married, is in a stable and happy marriage (a minimum of five years) and whose wife and children support him in pursuing the diaconate.
- If not married, is willing to commit to celibacy.
- If a convert to the faith, baptism or profession made at least five years prior to application.
- Is living within the geographical boundaries of the Diocese of Kalamazoo.
- Is a US citizen or is a permanent resident (has a green card) of the United States.
- Must possess basic fluency in English.
- Has a bachelor's degree or its equivalent; and is capable of college level work in theological studies and is open to spiritual and ministerial formation.
- Must undergo a thorough criminal and financial background check (along with his wife, if married).
- Is no younger than 35 and no older than 60 years when entering the formation process.
- Is capable of giving serious attention and time to theological study, spiritual formation, and parish ministry.
- Has a stable work history.
- Has a positive attitude towards the Church and is flexible in adapting to the future needs of the Church.
- Is formally presented for the diaconate by his pastor who will accompany him during the six years of formation and meet with him on a regular basis.
- Must be physically and psychologically healthy.
- Should demonstrate grateful fidelity to all that the Church teaches.

Any exceptions to these requirements must have the approval of the Bishop.

Impediments and Irregularities (Code of Canon Law 1040-1042)

The following are canonical irregularities which preclude a man from being ordained (unless dispensed from when possible):

- Mental illness which in the opinion of experts, renders the person unable to perform ministry
- A person who has committed apostasy, heresy, or schism
- A person who has committed voluntary homicide or assisted in procuring an abortion
- A person who has attempted suicide

Date of Application: _____

GENERAL APPLICANT INFORMATION

Full Name (Last, First Middle):		
Birthdate:		Age:
Home Street Address:		Email Address:
City:	State:	Zip Code:
Mailing Address (if different than home):		
Home Phone #:		Cell Phone #:
County of Residence:		
Home Parish:		Home Parish Street Address:
Parish Phone #:		Number of years in Parish:
Pastor:		
How long have you lived in the Diocese of Kalamazoo?		How long have you been Catholic?

SACRAMENTS	
1. Baptism	2. Eucharist
3. Confirmation	4. Holy Orders
5. Matrimony	6. Anointing of the Sick
7. Penance	8. Reconciliation
9. Holy Communion	10. Eucharistic Adoration
11. Benediction	12. Rosary
13. Stations of the Cross	14. Divine Office
15. Liturgical Year	16. Sacramental Theology
17. Sacramental Signs	18. Sacramental Effects
19. Sacramental Economy	20. Sacramental Mysteries
21. Sacramental Sacraments	22. Sacramental Sacraments
23. Sacramental Sacraments	24. Sacramental Sacraments
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99. Sacramental Sacraments	100. Sacramental Sacraments

Date of Confirmation:	Church & City of Confirmation:
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If *Other Marriage*, please elaborate:

Have you had any previous marriages, divorces, or annulments? No _____ Yes _____

If *yes*, please elaborate:

FAMILY	
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Children:

Name	Sex	Birth Date and Year	School Grade or Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(INDICATE BY ASTERISK (*) WHICH CHILDREN LIVE AT HOME.)

Other dependents living at home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION

High School Name:

High School Street Address:

Year of High School Graduation:

COLLEGE	DATES	MAJOR/MINOR	DEGREE

Have you ever attended a seminary or novitiate? No _____ Yes _____

If *yes*, please answer below:

Institution: _____ Dates: _____

Address: _____ City/State: _____

Please elaborate:

List any special training & education you have received:

Have you professed vows or promises in a religious order or institute? No _____ Yes _____

If *yes*, please explain:

Have you previously applied to the Diocese of Kalamazoo Deacon Formation Program (other than in 2023 when the program was put on hold)?

No _____ Yes _____

If *yes*, please elaborate:

Military Service:

Branch: _____

Dates: _____

Location(s): _____

Type of Discharge: _____

Branch: _____

Dates: _____

Location(s): _____

Type of Discharge: _____

WORK EXPERIENCE

Current Employer:

Employer Street Address:

Employer Phone #:

City:

State:

Zip Code:

Position:

Number of Years:

Current Supervisor:

List Complete Work History or attach CV/Resumé

Company Name: _____ Position: _____

Phone Number: _____ Dates: _____

Address: _____

Company Name: _____ Position: _____

Phone Number: _____ Dates: _____

Address: _____

Company Name: _____ Position: _____

Phone Number: _____ Dates: _____

Address: _____

Company Name: _____ Position: _____

Phone Number: _____ Dates: _____

Address: _____

HEALTH

How would you characterize your general state of health?

Do you have any chronic illnesses or conditions?
If yes, when and what type of illness?

No _____ Yes _____

Have you had a physical examination in the last three years?

No _____ Yes _____

Are you taking any drugs for a chronic physical or mental condition? No _____ Yes _____
If *yes*, please elaborate:

Is your condition manageable? No _____ Yes _____
Please elaborate:

Have you or your spouse had any problems with alcohol or drugs? No _____ Yes _____
If *yes*, please explain.

Do you have other mental or physical conditions not mentioned above? No _____ Yes _____
If *yes*, please explain.

ADDITIONAL INFORMATION

Canon Law does not permit a Deacon to remarry if his wife precedes him in death. (Dispensations are not granted). **Do you accept this?**

Yes _____ No _____

If you are married, does your wife support your application for diaconate formation?

(NOTE: If you are married, your wife will need to
handwrite a letter stating her support. This letter
must be submitted with this application)

Yes _____ No _____

If you have children, do they support your application for diaconate formation?

Yes _____ No _____

In a paragraph or two please answer the following, adding additional pages if necessary:

1. What is prompting you to apply for diaconal formation at this time?
2. What gifts, charisms, and ministerial abilities would you bring to the diaconate?
3. In what ways are you currently serving your parish and community?

Please provide short answers to the following questions, adding additional pages if necessary:

1. Have you been involved in any diocesan activities in the last three years? Which ones?

2. What organizations or clubs (business, civic, social, etc.) do you belong to?

3. Have you ever been arrested or charged with a crime (other than a minor traffic violation)?

4. Have you ever participated in, or assisted in, the procurement of an abortion? (For example: driving someone to or offering payment for an abortion.)

5. Have you gravely and maliciously mutilated yourself or someone else? (For example: extreme body piercing or full-body tattooing, vasectomy)?

6. Have you ever been accused of murder or manslaughter?
7. Are you (or your spouse) currently involved in any legal or court action?
8. Have you ever carried out an action which is reserved to those in ordained ministry (that is, an action reserved to a deacon, priest or bishop)?
9. Do you (or have you ever) work(ed) for or supported any organization that promotes activities contrary to Catholic faith or morals?
10. How often do you participate in the Sacrament of Penance?

11. Do you believe that Christ is truly present in the Holy Eucharist?
12. Have you ever, in any form, rejected the Christian faith or any essential element of the Catholic faith? (Have you rejected Catholicism for a non-Christian religion or for a non-Catholic denomination)?
13. Have you ever associated with or participated in any group that does not accept fully the leadership of the Holy Father and the teachings of the Church (for example: the Society of St. Pius X)?
14. Do you fully understand that ordained clergy are public persons and that even their private lives must support their ministry?
15. Will you accept the authority and direction of the local Bishop regarding parish assignments and duties related to the role and function of a permanent deacon?

16. Do you understand that the Sacrament of Holy Orders imprints a permanent character (like Baptism and Confirmation) and requires a person to exercise certain obligations within the clerical state for one's entire life?
17. Is there anything in your background that could cause scandal to the Church?
18. Is there anything in your background that could prevent you from being a credible witness to the gospel?
19. Have you ever been accused of inappropriate behavior with a minor or adult?
20. List the social media platforms you use. (For example: Facebook)

SIGNATURE REQUIRED

Your application must be accompanied by the following:

1. Copy of Birth Certificate
2. Recent Baptismal Certificate (within 6 months) with notations
3. Handwritten letter of support from wife (if married)
4. Passport type photos of applicant and of wife (if married)

Additional documents (including applications for criminal background checks for the applicant and, if married, his wife) will be required at a later time.

Complete the first three boxes on the "Pastor's Feedback on Inquiry Applicant to the Permanent Diaconate Formation Program". Then give that page (both sides) to your pastor, asking him to prayerfully complete and submit it as soon as possible. If you would also like this same feedback form sent to a former pastor who knows you well, please include his name and address here:

Applicant's name (please print) _____

Signature _____ Date: _____

By signing, I certify that all information is true and correct.

Completed forms with all required documentation should be submitted to:

Office of the Diaconate
Diocese of Kalamazoo
215 N. Westnedge Ave.
Kalamazoo, MI 49007

deaconformation@diokzoo.org

Thank you for your honesty in completing this confidential application.

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THE DIOCESE OF KALAMAZOO

215 N. Westnedge Ave.
Kalamazoo, MI 49007-1760
(269) 349-8714; FAX (269) 349-6440

Pastor's Feedback on Inquiry Applicant to the Permanent Diaconate Formation Program

I am completing the Inquiry Application for the Permanent Diaconate Formation Program. To be considered, I need a recommendation from my pastor. Please complete this recommendation form and return it directly to the Office of the Diaconate as soon as possible. Thank you.

Applicant's Full Name:
Pastor's Name:
Parish:

Please answer these questions as honestly, candidly, and promptly as you are able. If you prefer a fillable form, visit www.diokzoo.org/deaconformation to download and submit electronically.

How long have you known the applicant?
How well do you know the applicant? In what ways has the applicant has been involved in your parish?
What are his strengths and special gifts?
Are there weaknesses which you are aware of? If yes, please list and briefly explain.

Do you believe that he is a man of high ethical and moral standards? Briefly explain.	
Do you believe he has intellectual, spiritual, and leadership abilities that fit well with diaconal ministry? Briefly explain.	
If married, is the applicant in a stable, loving, and positive relationship with his spouse and family?	
Are there any issues you are aware of that would raise reservations or serious concerns? If yes, please list and briefly explain.	
<p>Which of the following describes your recommendation for this applicant for diaconal formation:</p> <p> <input type="checkbox"/> highly recommend <input type="checkbox"/> recommend <input type="checkbox"/> recommend with reservations <input type="checkbox"/> do not recommend </p> <p>If you selected “recommend with reservations” or “do not recommend” briefly explain:</p>	
<p>If he is accepted into formation for the permanent diaconate, are you willing to accompany him and meet with him regularly?</p> <p> <input type="checkbox"/> yes <input type="checkbox"/> no </p>	
Are there additional comments you would like to share?	<p>Please return this completed form to:</p> <p>Office of the Diaconate Diocese of Kalamazoo 215 North Westnedge Avenue Kalamazoo, MI 49007</p> <p>deaconformation@diokzoo.org</p>