

THE EPISCOPAL DIOCESE OF TENNESSEE

**HOLY ORDERS, FORM I
GENERAL INFORMATION**

To: The Bishop
The Episcopal Diocese of Tennessee
3700 Woodmont Boulevard
Nashville, TN 37215

This social history form will be used by the Commission on Ministry. It is treated as confidential information.

Full name

First	Middle	Last
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Present Address

Street	City	State	Zip
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Permanent home address, if different from present address:

Street	City	State	Zip
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E-mail address _____ Phone: *Preferred* _____ *Work* _____

Birth Date: _____ Sex: M _____ F _____

Present congregational affiliation _____

For how long? _____

Date, Location, and Minister of your Baptism? **(Please attach a copy or photograph of the baptismal certificate, or of the church baptismal record to this form.)**

When, and by whom, were you confirmed? **(Please attach a copy or photograph of confirmation certificate, or of the church record of confirmation to this form.)**

Updated 8/19/22

Length of time in the Diocese of Tennessee _____

Present occupation _____

Employment history – List last five (5) positions held:

Employer	Work Performed	Dates of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education: List schools attended, dates, degrees obtained, and submit academic transcripts.

Institution	Dates	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Marital Status: Please state present status. If married, widowed, separated or divorced give dates. If previous marriage(s), give date(s) (for applicant and/or spouse):

Spouse's name: (include maiden name of wife:

Spouse's occupation: _____

Denomination of baptism: _____

Years of schooling past high school _____ Degrees _____

Give a brief evaluation of your spouse's feelings regarding your intent to enter the ordained ministry:

Children: Give names, age and sex of each child.

Name

Age

Sex

If there are children age 10 or over, give a brief account of their feelings about your intent to enter the ordained ministry.

Parents names and marital status. If separated, divorced or deceased, give dates.

Describe briefly your father's and mother's principal occupational pursuit and level of education.

Religious commitment of father: _____ Of mother: _____

Give a brief description of each parent's feelings regarding your intent to enter the ordained ministry:

Siblings: List age, sex, years of education and occupation of each.

Have you ever applied for postulancy before? Yes ____ No _____. If so, state where and provide dates:

Please describe your current ministry or ministries. How many hours per week do you give to it/them, how long have you been engaged in it/them?

How might your ministry change when/if you exercise it as an ordained person?

Updated 8/19/22

Please provide names, addresses and phone numbers for three references. At least one should be someone able to evaluate your ministry from the perspective of an outsider.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please submit a photograph.