



ORDINATION PROCESS INFORMATION FORM

Form 3

Last updated July 2023

Date: _____

Name: _____

Preferred Pronouns: _____

Spouse/Partner's Name (if applicable) : _____

Sponsoring Parish: _____

Home Address: _____ City: _____ ST ____ Zip: _____

Preferred Phone number: _____

E-mail: _____

Date of Birth _____ Last 4 digits of Social Security _____

Where will you study for formation (Seminary, Academy, etc.) _____

Discerning a Call to Holy Orders in (check one): ____ Diaconate ____ Priesthood

Return to:

Commission on Ministry

1815 Hall Street, SE

Suite 200

Grand Rapids, Michigan 49506