



DIOCESE OF
SACRAMENTO

Diaconate Formation Inquiry

Name

Date

Spouse's Name (if married)

Years Married (under Church law)

Home Phone

Cell Phone

Email Address

Address

City

State

ZIP Code

Date of Birth

Occupation

Name and Ages of Children (if any)

Parish and City

Years Involved at This Parish

Pastor

Have you discussed this with your pastor?

Primary Language Spoken

Parish Involvement

Comments

THIS FORM IS USED TO GATHER YOUR INFORMATION. IT IS NOT THE FORMAL APPLICATION TO THE DIACONATE PROGRAM.