

Application for Diocesan Discernment Process
Form 1 – Declaration of Intent to Discern

To: The Rt. Rev. Jennifer A. Reddall
Bishop of Arizona & Commission on Ministry
114 West Roosevelt Street
Phoenix, AZ 85003-1406

Please attach a recent headshot & include copies of your baptismal & confirmation/reception records.

Full Name _____ Date of Birth _____

I am discerning a call to: ___ Lay Leadership ___ Priest ___ Deacon ___ All of the above ___ Unsure

Place of Birth _____

Pronouns: ___ She/Her ___ He/Him ___ They/Them ___ Other: _____

Permanent Address _____

City/State/ZIP Code _____

Primary Telephone Number _____

Primary Email Address _____

Congregation _____ Congregation Leader _____

Former Denomination (if applicable) _____

Date of Baptism _____ Denomination _____ (Submit a copy)

By Whom _____

Date of Confirmation/Reception into the Episcopal Church _____ (Submit a copy)

I am: ___ Single ___ Married ___ Partnered ___ Separated ___ Divorced ___ Widowed

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

Children (list name(s), age(s)) do not include date of birth:

Signature: _____ Date: _____

For Due Date: Refer to *Due Dates for COM Paperwork* found on www.azdiocese.org
When mailing this document, please address exactly as shown in the "To:" portion of this form.
Please use the Return Receipt Requested service if mailing via US Postal Service.