

Name: _____

Application for Ordination/Incardination

Thank you for your interest in the Old Catholic Churches International. This form is the first of several forms that must be completed by a candidate in order to apply for ordination or incardination into our church. Submission of this form is not a guarantee of acceptance and this form alone is not the entire application. Please read through all the information on our Vocations page for the entire list of forms.

All questions on this form must be completed. Any questions not answered will be cause for denial of this application. This application must also accompany proof of all claims.

Basic Information

Date: _____

First Name: _____ Middle Name: _____

Last Name (Surname): _____

Address: _____

City: _____ State: _____ Postal/Zip Code: _____

Country: _____ Province: _____

Phone Number: _____ Email Address: _____

N.I. Number/S. Security: _____

Date of Birth: _____ Age: _____ Place of birth: _____

Father's Full Name: _____

Mother's Full Name: _____

Sacramental Status

Date of Baptism: _____ Location: _____

Date of Confirmation: _____ Location: _____

Present Parish Membership: _____

Address: _____

Family History

Marital Status: Single Married/Civil Partner Divorced Widowed Separated

Date of Marriage: _____ Name of Spouse: _____

Date of Dissolution: _____

Name: _____

Explain Dissolution of Marriage: _____

Do you have children? Yes No

Please list your children's names and ages: _____

Military Service

Have you ever served with or are you currently a member of the Armed or Civil Forces? (List only dates of Active Service in which you actual were in the Military. Do not list any time which you where not on active duty or did not serve within active service.): Yes No

Dates of Active Service: _____

Branch of Active Service: _____

Highest Rank Held while in active service: _____

Type of Discharge from Active Service: _____

Please list all military or civil awards and decorations received while in active service: _____

A true and certified copy of your DD 214 Member Copy 4 must accompany this application.

Combat Service (In which you served as an active member of the military): _____

Where did you see combat (in active service only): _____

Personal History

Are you now being, or have you ever been, treated for a chronic physical, mental, or emotional illness? Include experience with 12 step recovery programs. Yes No

If yes, please explain: _____

Name: _____

Do you have any significant debts or financial uncertainties? Yes No

If yes, please explain: _____

Excluding minor traffic violations, have you ever been convicted of a felony or misdemeanor (including suspension or withdrawal of Driving License)? Yes No

If yes, please explain: _____

Have you ever been accused of any crimes involving children or crimes of a sexual manner (rape, incest, molestation, emotional abuse, domestic violence ect.)? Yes No

If yes, please explain: _____

Have you ever used, abused, or been addicted to illegal drugs or narcotics; abused over-the-counter or prescribed drugs or medication; or been treated for drug or alcohol abuse and dependency?

Yes No

If yes, please explain: _____

Name: _____

Have you ever been charged or convicted of any church-related crime in any jurisdiction or church?

Yes No

If yes, please explain: _____

Have you ever been involved in any public scandal, or allegations that were covered by the press? (If you have, it may not disqualify you from ordination, but we need to know about it, and we do not want to hear about it from a third party. It is in your own interest to tell us, and supply any press cuttings etc. It is for your protection and ours that we need to be fully informed) Yes No

If yes, please explain: _____

Education and Special Skills

Are you a secondary school graduate, or else have an equivalency certificate? Yes No

From: _____

Do you have an Associate's degree? Yes No

From: _____

Do you have a Bachelor's degree? Yes No

From: _____

Do you have a Master's degree? Yes No

From: _____

Name: _____

Do you have a Doctoral degree? Yes No

From: _____

What was your major or area of specialization? _____

Are you a seminary graduate? Yes No

Name of Seminary: _____

- Attach a copy of your degree or certificate and transcripts of your highest level of academic achievement.
- Attach a copy of your degree or certificate and transcripts of your highest level of achievement in seminary.

Please describe your special skills, talents, etc., including artistic, technical, professional, and / or pastoral talents.

Please list any items you have published: fiction, poetry, non-fiction:

Please list any self-directed, private studies you have done:

[Use additional sheets as necessary for any of these items. There is no need to repeat anything contained in a curriculum vitae that you attach to this application.]

Name: _____

Vocation Information

Are you already ordained? Yes No

Please select the offices you have been ordained to:

Cleric Subdeacon Deacon Priest Bishop Monk Nun Friar

Name of Bishop/s that ordained you to the Diaconate: _____

Diaconal Ordination Date (MM/DD/YY) : _____

Diaconal Ordination City/State/Country: _____

Diaconal Ordaining Jurisdiction: _____

Diaconal Ordination Diocese/Religious Order: _____

Name of Bishop/s that ordained you to the Priesthood: _____

Priesthood Ordination Date (MM/DD/YY): _____

Priesthood Ordination City/State/Country: _____

Priesthood Ordaining Jurisdiction: _____

Priesthood Ordination Diocese/Religious Order: _____

Name of Bishop/s that consecrated you to the Bishopric: _____

Bishopric Consecration Date (MM/DD/YY): _____

Bishopric Consecration City/State/Country: _____

Bishopric Consecrating Jurisdiction: _____

Bishopric Consecrating Diocese/Religious Order: _____

(Former or) Current Jurisdiction: _____

(Former or) Current Diocese/Religious Order: _____

(Former or) Current Bishop: _____

Are you currently under the care of a Bishop or non-episcopal denomination? Who? If you were under care, but are no longer, please describe the circumstances of the separation: _____

Name: _____

Self-Reflection Questions

Do you consider yourself to be a "catholic" Christian? Yes No

Describe your personal strengths and weaknesses. _____

Describe a conflict situation in which you were involved, how you reacted, what you might have done differently and what you learned about how you react to conflict.

Describe your usual reaction to stress.

Name: _____

Describe your family's religious affiliation and church attendance during your childhood and adolescence.

Describe how you have felt drawn to the ordained ministry as a vocation. When did you first entertain the idea, what events and people most influenced you and in what specific ways have you experienced this call?

Describe your spiritual life and discipline.

Name: _____

What special skills and talents will you bring to ordained ministry?

What specific forms of ordained ministry are most attractive to you? (parish, chaplain, teacher, counselor, diaconal)

Describe your relationship with your parents and siblings.

If applicable, describe your relationship with your spouse and children.

Name: _____

What effect will pursuing (or continuing) a call to ordained ministry have on your family?

How does your immediate family feel about your perceived call to ordained ministry (or continuing your ministry with our church)?

What barriers do you see for yourself in pursuing (or continuing) your ministry aspirations?

Name: _____

What are your greatest fears and reservations about pursuing ordination (or continuing ministry with our church)?

What will you do if you are not approved to continue the process?

Faith Questions

What are your personal beliefs concerning reincarnation?

What are your personal beliefs concerning the Immaculate Conception?

Name: _____

What are your personal beliefs concerning the Gifts of Pentecost?

Explain your understanding and beliefs concerning the real presence of Jesus Christ in the Elements of the Holy Eucharist.

How important is the Bible and thorough knowledge of its content to an Ordained minister?

How important is it for the people under your clerical care to regularly study and know the Bible?

How important are the sacraments to salvation?

Name: _____

What else besides acceptance of Jesus Christ is required to enter the Kingdom of God?

Define and explain in detail the concept of "Eschatology".

Define "Holy Spirit". Do you believe in the indwelling of the Spirit? How should we act in light of that belief?

How important is an education in Theology, Doctrine, the Bible and Counseling? Be complete in your answer, expressing your personal beliefs in regard to each of these topics and how deeply a presbyter need be versed in these topics. Are there any other subject areas that are important to a priestly education?

Name: _____

On your honor as a God-fearing Christian, state how many times you have read the entire Bible (not counting portions associated with regular worship but only that time spent in personal reading).

Where do you stand on the ordination of Women?

What roles should a woman play in the Church?

What role should a homosexual be allowed to play in our faith?

Define sin.

Name: _____

State the creeds of our faith. Indicate those parts you find unneeded or unrealistic.

Consent and Acknowledgements

If accepted as a candidate for Holy Orders, or if you are received into the OCCI through incardination, do you hereby solemnly affirm that you will comply with and conform to the canons and codes of conduct? Yes No

Do you hereby solemnly affirm that you will submit to the guidance, leadership and authority of your Bishop Ordinary and the College of Bishops? Yes No

Do you hereby solemnly affirm that you will not engage in any activity that is or could be interpreted as, schismatic, scandalous, divisive, abusive, discriminatory, or disrespectful? Yes No

Do you hereby solemnly affirm that you will respect the opinions and practices of other Christians, parishes, and clergy even though you may not personally agree; and that you will strive for unity, and respect the dignity of all God's People? Yes No

I acknowledge that the OCCI ordains women to all ranks of clergy and ordains homosexuals to all ranks of clergy. Yes No

I acknowledge that the OCCI does bless same-sex unions and has no policy of discrimination against any human being for any reason. Yes No

Name: _____

Do you understand that the OCCI does not provide stipend, recompense or remuneration for its clergy and others, nor does it financially support such missions or churches; and that you will need either to hold secular employment, or live by the grace and generosity of your mission, church, or program?

Yes No

Please initial the following:

The undersigned, an applicant for Holy Orders in the Old Catholic Churches International, give my permission to the Commission on Ordained Ministry to share reports of my physical examination, and my psychological examination, my psychological evaluation, along with my applications for Nomination, Postulancy, Candidacy, to be ordained Deacon, Priest or Bishop and all supporting material supplied by me or my parish or other community of faith with the Commission on Ordained Ministry of the OCCI, Deacon, Priest or Bishop Mentors appointed by the Commission on Ordained Ministry, and the College of Bishops and Vicars. _____

I further give my permission to the psychological examiners, psychological evaluators and medical examiners to exchange information about me with each other for the purposes of a full and comprehensive assessment of me for Holy Orders. _____

I understand that the results and reports of the psychological examinations, the psychological evaluations and the medical examinations are the property of the OCCI and are subject to the rules of the OCCI for management of personal information, and may be utilized pursuant to agreements between me and the OCCI. I further agree that the OCCI's psychiatric or psychological evaluator will be held harmless in any action associated with the management of information gathered in the evaluation process. _____

I understand and agree that written reports of my medical examination, psychological or psychiatric examination and psychological evaluation will be sent directly to the Presiding Bishop of the OCCI or his other designees and these reports will remain a part of my permanent record with the OCCI.

References

1. Name: _____

Address: _____

City, State and Zip Code: _____

Phone: _____

Email: _____

Relationship to you: _____

Years they have known you: _____

2. Name: _____

Address: _____

City, State and Zip Code: _____

Phone: _____

Form 1I

Name: _____

Email: _____

Relationship to you: _____

Years they have known you: _____

3. Name: _____

Address: _____

City, State and Zip Code: _____

Phone: _____

Email: _____

Relationship to you: _____

Years they have known you: _____

Signature: _____ Date: _____

Please return all applications, supporting documents and any other information to Bishop Gregory Godsey at 118 Frances Drive; North Augusta, SC 29841 or by email to bishopgodsey@myocci.org.