

# APPLICATION FOR THE PERMANENT DIACONATE FORMATION PROGRAM



## ARCHDIOCESE OF SAN ANTONIO Office of Diaconal Ministry and Formation

The following information is provided for all those men who are contemplating an application for formation and discernment for eventual ordination to the Order of Deacon. In past years there has been an understanding by some that, after several years in church ministry, diaconal service is “the next step” in ministry to the People of God in the Catholic Church. Nothing could be farther from the truth. Others have assumed that, after formation and ordination, the archdiocese would just assign them to their “home parish”. These and many other assumptions about the formation and ordained ministry of the Order of Deacon are manifestly incorrect. This introduction to the application for formation and discernment for the diaconate is provided to help dispel some of these misconceptions and provide information about others.

The diaconate is a ministry of service to the People of God, in this case, for ministry within and throughout the Archdiocese of San Antonio, in obedience to the archbishop and his successors and, likewise, obedience to the pastor of the parish or supervisor in other places of assignment. Therefore, after ordination, a deacon should expect to be assigned wherever the archbishop needs a deacon with the particular gifts and abilities of each deacon. That assignment may be to hospital ministry, ministry to the incarcerated, ministry to the elderly or ministry to any parish or other ministry within the archdiocese. Finally, and most importantly, service to the People of God as an ordained deacon is a call from God – not a desire on the part of the individual, the individual’s wife, the pastor or anyone else other than God. It is a call that is discerned within the heart of each person and through prompting of the Holy Spirit. Formation for the diaconate can help with that discernment; but it cannot produce it.

In order to apply for the diaconate, you must be at least 35 years old; be a fully-initiated, practicing Catholic in good standing with the Church for at least 4 years; if married, in a good, stable marriage and married in the Church for at least 5 years; and no more than 59 years old at time of application.

Formation for ordination to the diaconate, in this archdiocese, is currently a program of study in Church History, Catechism of the Catholic Church, Theology, Canon Law, Ecclesiology, Spanish Language, Sacred Scripture, Homiletics, practicums and many other subjects and areas particular to the diaconate. It is currently a **five-year program** of study consisting of **two evenings per week and one to two Saturdays per month**. **Each evening class is held from 6:30pm to 9:00pm** at the Mexican American Catholic College (MACC). The **all-day Saturday sessions** may be at MACC or other locations determined by the Director of Diaconal Ministry and Formation. Also, **wives of all men** aspiring to the diaconate **are required to be present for all classes and Saturday retreats** and other events scheduled for the purpose of discernment including preparation for, and the celebration of, promotions to sub-diaconate status (i.e. lector, acolyte). Further, this 5-year formation is a time, both on the part of the individual and the archdiocese, to discern whether ordination for the ministry of service as a deacon is appropriate.

Tuition for the five-year formation program is provided by the Archdiocese of San Antonio. However, the cost of all required books and other educational materials are the responsibility of each aspirant. The cost of these books and materials may be approximately \$500.00 per year, or \$2,500.00 over the course of the formation program. Anyone discerning a call to the diaconate should be prepared to handle this financial responsibility. There are, however, ways to mitigate the cost of books by purchasing used books through the internet or from men who have been recently ordained through this archdiocese’s program or sourcing needed funding from your parish if your parish has the resources to help.

## Class of 2029

**April 30, 2024 is the Deadline for receipt of your application in this office.**

**A properly completed application, including letters of recommendation, must arrive this office by the above date for your application to continue in the selection process. Applications received after the above deadline, or incomplete applications, will require that a new application be completed and may, then, be considered for the formation class of 2028.**

**Please follow the directions in this application carefully and answer all requests for information fully!**

**Your application must be accompanied by the following. Please use as a checklist and include in your application in the order listed.**

- ☐ 1. Completed Application – all requested information responded to completely
- ☐ 2. Pastor's recommendation letter (**This is in addition to the pastor's endorsement on page 11.**)
- ☐ 3. Proof of citizenship or permanent resident status (Birth Certificate, passport; certified record of residency)
- ☐ 4. Copy of High School Diploma or G.E.D., College degree, Post graduate degree (As applicable)
- ☐ 5. Transcripts from High School, College, Post graduate academics (As applicable)
- ☐ 6. **Updated** Baptismal Certificate (**dated within the past 6 months**) annotated with date and place of your First Communion; Confirmation; and Church Marriage (if applicable)
- ☐ 7. Previous marriage(s) documentation such as divorce decree and annulment (applicant and/or wife as required)
- ☐ 8. Medical report or brief statement from your Doctor
- ☐ 9. Formal signature from your pastor and Parish Seal Affixed (Page #10 on application)
- ☐ 10. Spiritual Autobiography – **Please follow attached directions and format for spiritual autobiographical essay**
- ☐ 11. One 2 X 2 head and shoulder photo of yourself
- ☐ 12. One family photo
- ☐ 13. Support letter from wife **signed by her** (If applicable)
- ☐ 14. Your Personal Faith Statement, **signed by you.** (See page 9)
- ☐ 15. Two letters of recommendation from priests (other than your actual pastor) and/ or deacons **signed by them.** (emailed or unsigned letters are unacceptable)
- ☐ 16. Letter of recommendation from Parish Council (If one in existence in your parish)
- ☐ 17. Proof of Hospitalization Insurance
- ☐ 18. Proof of employment
- ☐ 19. Resume
- ☐ 20. Notary seal affixed
- ☐ 21. Criminal Background Check form completed and included

Date of Application: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle

Complete Address: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ E-Mail\_ Parish \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

Parish Phone # \_\_\_\_\_ City \_\_\_\_\_

Pastor Introducing the Applicant: \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age at time of application \_\_\_\_\_

Place of Birth \_\_\_\_\_

Date of Baptism: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Complete Address of Church of Baptism \_\_\_\_\_

Date of Confirmation \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Church and City of Confirmation \_\_\_\_\_

**RACE & ETHNICITY:** Caucasian/White ☐ African American/Black ☐ Hispanic/Latino ☐

Asian/Pacific Islander ☐ Native American ☐ or Other \_\_\_\_\_

**LANGUAGE: (Check all that apply; if limited ability, explain)** English ☐ Spanish ☐ Other ☐

Explain: \_\_\_\_\_

**MARITAL STATUS: (Check One)**

Single ☐ Married by Church ☐ Widower ☐ Divorced ☐ (If Applicable) Date of Marriage \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Church, City & State of Marriage \_\_\_\_\_

If you are divorced, was that marriage in the Catholic Church? Yes ☐ No ☐

\*If you (and/or your wife, if married) are divorced, a copy of your marriage license, as well as a copy of your decree of divorce must be provided with your application.

\*If you (and/or your wife, if married) received a decree of nullity (meaning that your marriage was in the Catholic Church and subsequently found to be null), a copy of this decree must be provided with your application.

\*If you were married civilly and your marriage was blessed by the Church, a current baptismal record with this notation must be provided with this application.

**\*\* If you have been married in the Church less than five (5) years, you may not apply for the formation program until you have completed that requirement.**

Wife's Full Name \_\_\_\_\_

Wife's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

Wife's Religion \_\_\_\_\_ Is your wife a convert? Yes ☐ No ☐

Wife's Occupation \_\_\_\_\_

Wife's Contact information: Cell # \_\_\_\_\_ Email address: \_\_\_\_\_

**CHILDREN:**

Name	Sex	Date of Birth	School Grade or Status
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

**\*Indicate by Asterisk Which Children Live at Home**

Any other dependents living at Home:

Name	Sex	Age	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATION: \*\* Include transcripts from each educational institution attended!**

High School	Dates		Grades Completed
	From	To	
_____	____/____/____	____/____/____	_____
_____	____/____/____	____/____/____	_____

College/University	Dates		Major/Degree
	From	To	
_____	____/____/____	____/____/____	_____
_____	____/____/____	____/____/____	_____

Have you ever attended a Seminary or Novitiate: Yes ☐ No ☐

If yes, answer below:

Institution	Dates	Address
_____	____/____/____	_____

**SPECIAL TRAINING & EDUCATION (If none, so state):**

---

---

---

**MILITARY SERVICE:**

Branch	Dates		Type of Discharge
	From	To	
<hr/>	<hr/> / <hr/> / <hr/>	<hr/> / <hr/> / <hr/>	<hr/>
<hr/>	<hr/> / <hr/> / <hr/>	<hr/> / <hr/> / <hr/>	<hr/>

**WORK EXPERIENCE:**

Employer's Name: 

---

Address 

---

Type of Work 

---

Employer's Phone # 

---

 No. of Years with Present Employer 

---

List last two Employers:

Name	Address	Type of Work
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

How long you lived in Texas? 

---

Do you anticipate transferring out of the Archdiocese of San Antonio? Yes ☐ No ☐

If, yes, - When and for what reason (s)

---

---

---

**HEALTH:**

How would you characterize your general state of health?

---

---

---

Have you been hospitalized during the last three years? Yes ☐ No ☐

If yes, why?

---

---

---

Have you been chronically ill in the last five years: Yes ☐ No ☐

If yes, what is the diagnosis?

---

---

---

Have you had a complete physical examination in the last three years: Yes ☐ No ☐

Are you taking any drugs for a serious, chronic condition: Yes ☐ No ☐

Diabetes ☐ High Blood Pressure ☐ Other \_\_\_\_\_

---

Is your condition manageable? Yes ☐ No ☐

Have you or your spouse ever had any problem with the use of alcohol or drugs: Yes ☐ No ☐

If yes – Explain

---

---

---

Name and Phone # of family Physician

---

**(Your physician's general statement of the condition of your health must be attached)**

**MARRIAGE:**

Do you consider your Marriage to be wholesome and stable?

Have you had any serious marital difficulties? Yes ☐ No ☐

If yes – Explain

---

---

---

Have you discussed the permanent diaconate with your wife? Yes ☐ No ☐

What is your wife's attitude toward your application to enter formation?

**(Answer in DETAIL here AND attach a signed letter from your wife giving her personal view on your request for admission into the Diaconate Formation Program)**

---

---

---

**Canon Law does not permit a deacon to remarry if his wife precedes him in death. (Dispensations can be made only by Rome through petition) Do you understand this? Yes ☐ No ☐ Do you accept this? Yes ☐ No ☐**

What are your children's attitudes toward your application for Diaconate Formation?

---

---

---

**PARISH:**

What parish ministries are you involved in at the present time?

---

---

---

Have you been involved in any diocesan activities in the last 3 years? If yes, what were they?

---

---

**COMMUNITY:**

What civic activities are you involved in at the present time?

---

---

---

What organizations or clubs (business, civic, social, etc.) do you belong to?

---

---

---

Are you prepared to set aside any other activity that might interfere with pursuing the permanent diaconate formation program (other than employment)? Yes ☐ No ☐ (If no, explain.)

---

---

Have you ever been arrested or charged with a crime (other than minor traffic violations)? Yes ☐ No ☐  
If you answered "Yes", explain.

---

---

---

What, if anything, is there anything in your background that could cause scandal to the Church?

---

---

---

What, if anything, in your background might prevent you from being a credible witness to the Gospel?

---

---

---

Have you ever been accused of inappropriate behavior with a minor? Yes ☐ No ☐

If you answered "Yes", what were the circumstances?

---

---

---

List any honors, awards or recognitions you have received:

---

---

---

What particular strength will you bring to the church as a permanent deacon?

---

---

---

Are either you or your wife (if married) on paid staff at any parish in the archdiocese? If so, state who is on paid staff, name the parish, the position held and for how long.

---

---

---

---

If either of you are on paid staff at a parish, is this a necessary source of family income? Yes ☐ No ☐



**Spiritual Autobiography.** Present a **five-page, single-spaced, typewritten** Spiritual Autobiography in essay **strictly adhering to the format below.** The essay is evaluated for your sense of professionalism, language skill, ability to follow directions, clarity of thought, and logic, as well as your disposition and capacity to reflect on your family relationships, life experiences, successes, failures and spiritual life. **Make a separate Bold-Face Title for each subject heading.** Provide information below in a **story form** with an emphasis on how your life experiences have effected your spiritual development.

## **Outline of Autobiographical Essay**

### ***Family of Origin***

Place of Birth, Number of Siblings, step-siblings, and or half-sibling - Your Birth Order

Parents Married in Church? How many years married?

Father's Religion – Occupation, Mother's Religion - Occupation

If Father is deceased - Cause of death, applicant's age at time of father's death **and effect this had on your spiritual life.**

If Mother is deceased – Cause of death, applicant's age at time of mother's death **and effect this had on your spiritual life.**

If Parents are/were Divorced - Cause, applicant's age at time of divorce **and effect this had on your spiritual life.**

Describe *quality* of relationships in family of origin with father, mother, and siblings **and effects this has had on your spiritual life.**

### ***Marriage***

If married - Age at time of marriage, length of engagement, cohabitation before marriage - *explain reasons and moral readiness for marriage.* Identify your *qualities* as a husband and a *challenge* you and your wife have faced. What moral or spiritual values helped you or guided your decisions? What did learn about yourself from the challenge?

If Civil marriage(s), divorce(s), and annulment(s), convalidation: provide name(s) of spouses, dates of events, and explain causes for the failure of the relationship(s). ***How have these events affected your spiritual life?***

### ***Children***

Describe your *qualities* as a father and *relationship* with each child.

What are your *qualities* as spiritual leader of your family?

### ***Health***

Describe *physical well-being* - *any significant sicknesses, chronic conditions* (e.g. diabetes, migraines, etc.) or *surgeries* - *Addiction and Recovery Experiences*

### ***Education***

Describe *educational experiences, achievements, difficulties* and *challenges* you may have faced in elementary - middle school - high school – college - graduate work - or theological studies.

### ***Successes and Failures in Life***

Describe *achievements, failures, or disappointments* in education, athletics, business, employment, military, or use of talents and how this has affected your spiritual development.

Victim of Crime: Describe effect it has had on your spiritual life.

Accidents or tragedies: Describe effect it has had on your spiritual life.

### ***Spiritual Development***

Describe the *quality* and *quantity* of catechesis you received in Sunday school, CCD, or parochial school, RCIA.

Describe any *conversion experiences* in ACTS retreats, marriage or engaged encounters, Cursillo, Eucharistic adoration, or scripture study.

Describe a *spiritual* or *moral challenge* you have faced in life.

Describe any *community service* (eg: scout leader, civic organization, etc.) or *parish ministry experiences* (eg: parish council, lector, Eucharistic minister, choir, ACTS teaming, visitor to the sick, prison ministry, RCIA, or scripture study programs, etc).

**On a separate sheet of paper write a Personal Faith Statement. Briefly describe your faith as a Catholic, its strengths and its weaknesses. And, explain your reasons for desiring to be a permanent deacon.** This Personal Faith Statement is not a recounting of things you've done as a result of your faith journey – that is more for your Spiritual Autobiography. Refer to the Nicene Creed as you reflect on how to write this Personal Faith Statement. **Be sure to sign your Personal Faith Statement.**

### REFERENCES:

Please list the names of three persons who have known you for 3 years or more. One should be a priest and the other two should be deacons in good standing who know you well and can vouch for your character.

1.

Name

Address

Street & #

City

State

Zip

Phone #

2.

Name

Address

Street & #

City

State

Zip

Phone #

3.

Name

Address

Street & #

City

State

Zip

Phone #

**Important Note: The application must be signed by the applicant and his wife, if married, in the presence of a notary public.**

I certify that I will have reached my **35<sup>th</sup>** birthday (**as a minimum age**) at the time my application is filed, realizing my acceptance will be based on the family situation, including the ages of my children. Likewise I verify that I am not exceeding the **maximum admission age of 59 years at the time my application** is filed. I further certify that I have been a **fully initiated, practicing Catholic in good standing for at least five (5) years**, and I am in good health. If married, I certify that I have been in a **stable marriage recognized by the Catholic Church for at least five (5) years**. I agree that if accepted as a candidate for the permanent diaconate formation program, I will attend all weekend classes and retreats as well as participate in monthly regional group meetings. I have no business or family obligations that prevent me from making this commitment. Furthermore, I agree to take the battery of psychological testing approved by the Archdiocese of San Antonio, which with all other required documents, will determine approval for admission to the formation program.

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
Applicant

I support my husband's application for the permanent diaconate formation program without reservation. I understand that I am strongly encouraged to participate with my husband in all the activities of the program and will be required to join him in participating in the weekend classes during the pre-candidacy period and the first year of the formation program and for the annual retreat and monthly regional group meetings during the entire formation period.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Wife

Notary Public Signature \_\_\_\_\_ Seal

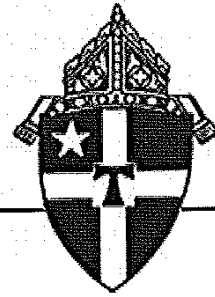
### **THIS PORTION TO BE COMPLETED BY PASTOR**

I endorse the application of \_\_\_\_\_ for the discernment process to select candidates for the Diaconal Ministry and Formation Process and certify that, to the best of my knowledge, he is both suitable for ordained ministry and capable of completing the necessary studies in (English, Spanish, etc.) Should he be selected and persevere to ordination, I would readily envision him serving effectively and judiciously as one of the Church's ordained ministers.

Date: \_\_\_\_\_ Pastor's Signature: \_\_\_\_\_

Affix  
Parish  
Seal

# THE ARCHDIOCESE OF SAN ANTONIO



## CRIMINAL BACKGROUND SEARCH AUTHORIZATION & RELEASE FORM

**\*\*Please print as neatly as possible and fill out both sides. Illegible forms will be returned.**

Name: \_\_\_\_\_  
First Middle Last

Other last names used in the past five years: \_\_\_\_\_

Current address: \_\_\_\_\_  
Street City State Zip

Work phone #: \_\_\_\_\_ Home phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Driver's license #: \_\_\_\_\_ State \_\_\_\_\_

Name of Parish, School, or Agency: \_\_\_\_\_

Name of Volunteer Position or Job Title with Parish, School or Agency: \_\_\_\_\_

Will this position require you to work or volunteer consistently (more than one time) with minors? Yes \_\_\_\_\_ No \_\_\_\_\_

### FOR OFFICE USE ONLY:

This form entered into EappsDB system. \_\_\_\_\_

Additional Information:  
\_\_\_\_\_  
\_\_\_\_\_



**You must answer the following:**

**Have you ever been convicted of, arrested for, charged with, placed on probation for, for which you were granted deferred adjudication and/or given any pretrial diversion for any violation of the law? (You do not need to disclose minor traffic violations.)\_\_\_\_\_Yes\_\_\_\_\_N**

**If you answered “YES”, please attach a separate piece of paper giving full details of the event. Please read the following paragraph carefully and sign below to indicate that you understand this document:**

**I hereby authorize the Archdiocese of San Antonio, and its agent(s), to request and receive any and all background information about me, including without limitation, my criminal history, information from Texas Department of Family and Protective Service and my driving record.**

**I understand that background information received from reporting agencies, may include arrests, convictions, plea bargains, deferred adjudications, delinquent conduct committed while a juvenile, expungement and investigations.**

**I further release the Archdiocese of San Antonio and its agents, employees, personal or representatives from any and all claims and liability arising out of the request for this information.**

**I certify that I can be trusted with the supervision, guidance, education and/or care of minors and/or vulnerable adults and that I will abide by the policies and procedures of the Archdiocese of San Antonio, of which I have been fully informed.**

**The statements made by me on this form are true, correct, accurate and complete and are made in good faith.**

**I understand that any false statements made on this form may result in the denial of the application, termination of employment, suspension of volunteer service, and/or other disciplinary action.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

## A CONFIDENTIAL QUESTIONNAIRE

(Please check the answer which applies to you;  
If you are uncertain, please place a “?” between “Yes” and “No”

1. Have you ever been hospitalized for treatment of a mental/emotional illness or because of some kind of addiction?  
Yes ☐ No ☐
2. Have you ever been treated for diagnosed mental or emotional illness?  
Yes ☐ No ☐
3. Has the Church or anyone acting on its behalf ever formally declared you to be an “apostate”, a “heretic”, or a “schismatic”?  
Yes ☐ No ☐
4. Have you ever been married without being dispensed from Holy Orders or Vows in a Religious Order?  
Yes ☐ No ☐
5. If you are presently married, is your marriage recognized by the Church (accepted by the Church as a sacramental or valid marriage)?  
Yes ☐ No ☐
6. Has your spouse been married before?  
Yes ☐ No ☐
7. Have you been married more than once? Yes ☐ No ☐ (If “Yes”, please provide, below, the information on the diocese/parish and time frame of establishment of your freedom to enter your current marriage as recognized by the Catholic Church. Also, **include copies** of all marriage/divorce/annulment documentation for applicant and/or wife, as applicable).  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Has your spouse ever been in a Religious Order? Yes ☐ No ☐
9. Have you ever intentionally killed anybody? Yes ☐ No ☐ (If “Yes”, explain briefly.)  
  
\_\_\_\_\_  
\_\_\_\_\_

10. Have you ever performed, financed, or been directly involved in an abortion?

Yes ☐ No ☐

11. Have you ever intentionally mutilated your body or anybody else's body, including vasectomy?

Yes ☐ No ☐

12. Have you ever attempted suicide?

Yes ☐ No ☐

13. Have you ever performed, without permission, any function which only an ordained minister is allowed to perform?

Yes ☐ No ☐

14. Do you have any form of addiction?

Examples: Alcohol ☐ Drugs ☐ Sex ☐ Gambling ☐ Other \_\_\_\_\_

15. Do you have a problem concerning inappropriate adult materials (pornographic)?

Yes ☐ No ☐

Name \_\_\_\_\_

(Please print)

Signature Required: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Telephone numbers:**

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E-mail \_\_\_\_\_

(Please print clearly of type)

Thank you for your honesty in completing this **confidential** questionnaire!

**\*\* Completed forms with all required documentation must arrive at The Office of Diaconal Ministry and Formation, 2718 W. Woodlawn Ave. San Antonio, Texas 78228 by February 28, 2019 in order to be considered for the diaconal formation class of 2024.**

Attach Personal  
Photo Here

Not over 2 ¼ X 2 ¾  
Head and Shoulders  
Only

Attach Family Photo Here

## FOR DIACONATE OFFICE USE ONLY

### CHECK LIST FOR REVIEWING OFFICIAL:

- Completed Application ☐ Pastor's Letter of Recommendation ☐ Proof of Citizenship ☐
- Copy of Diploma/Degree(s) ☐ Academic Transcripts for all institutions attended ☐
- New Baptismal Record with annotations for: First Communion ☐ Confirmation ☐ Marriage ☐
- Documentation of former marriage(s) as required ☐ Medical Report or Doctor Statement ☐
- Formal Signature of Pastor & Parish Seal ☐ Spiritual Autobiography ☐
- Photo of aspirant (2" X 2" head and shoulder) ☐ One family photo ☐ Support Letter from wife ☐
- Personal Faith Statement ☐ Additional Letter of Recommendation #1 (Priest or Deacon) ☐
- Additional Letter of Recommendation #2 (Priest or Deacon) ☐
- Letter of Support from Parish Council (if there is one) ☐ Proof of Hospitalization Insurance ☐
- Proof of Current Employment ☐ Resume ☐ Notary Seal Affixed ☐
- Criminal Background Check form completed ☐

Received by

Signature

Date