



OFFICE of the PERMANENT DIACONATE
DIOCESE OF BUFFALO

Formation Center
795 Main Street
Buffalo, NY 14203
(716) 908-6346
tchriswell@buffalodiocese.org

**Family of Parishes
Diaconal Application**

To best pair a deacon with the needs of the parish/charity, the office is requesting a background of your past ministries, where you served and to whom you served. Please fill out the following Form and mail or email it back to the office of the diaconate. *See address above.*

A. Applying for Status: Active* _____ Senior Status. _____ Retired from Active Ministry _____

B. Family you are requesting to be a part of:

Family number/name: #1 Choice _____

(Optional #2 Choice). _____

Hours/Month you have available: _____

Do you live geographically within the family boundaries: Y / N

Can you travel to all the churches in this potential family? Yes _____ No _____

If no, please give reason _____

B. Can you assist in the following:

Liturgical Assistance

Preaching: Y / N

Wakes: Y / N

Baptisms: Y / N

Weddings: Y / N

Benediction Y / N

Ministerial Assistance – This assistance would be specifically for entities within your geographical family

Catechesis Y / N

Outreach Y / N – Filling the needs of the community, non-catechized, non-Catholic, etc.

In-Reach Y / N – Communion to the homebound, hospital visits, nursing home.

C. Deacons are required to have a Ministry of Charity. List your ministry are you doing outside the parish or would like to get involved with? (Outreach pillar would qualify)

1. _____

D. History: (if additional space is needed, write it out on another sheet)

Last two parishes you served at:

Name: _____ Location: _____,
Yrs: _____ Pastor: _____.

Name: _____ Location: _____,
Yrs: _____ Pastor: _____.

Ministry of charities you served with: (outside parish life)

Name: _____ Location: _____ . Yrs: _____

Name: _____ Location: _____ . Yrs: _____

Name: _____ Location: _____ . Yrs: _____

3 Top Parish Ministries you assisted with:

Name: _____ Location: _____ . Yrs: _____

Name: _____ Location: _____ . Yrs: _____

Name: _____ Location: _____ . Yrs: _____

Personal:

Name: _____

Cell #: _____

Email: _____

Current Assignment: _____ Location: _____

Do you plan to change to Senior Status or Retire from active ministry in the next 1 – 2 years?

Yes _____ No _____ Unsure _____