



ROMAN CATHOLIC
DIOCESE
OF CHARLESTON

OFFICE OF THE PERMANENT DIACONATE

Application for Diaconal Assignment *within the Diocese of Charleston*

DEACON INFORMATION

Last Name: _____

First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Date of Ordination: _____

Date of Marriage: _____ Status: _____

Email: _____

Phone Number: _____

Race/Ethnicity: _____

Level of Education: _____ *Degree religion-related (theology, etc)?* _____

WIFE INFORMATION

Last Name: _____ First Name: _____

Date of Birth: _____ Phone Number: _____

Email: _____

PARISH INFORMATION

Parish Assignment Requested: _____

Parish City: _____

Pastor: _____