



ROMAN CATHOLIC
DIOCESE
OF CHARLESTON

OFFICE OF THE PERMANENT DIACONATE

**Request for Emergency Financial Assistance
from the St. Stephen Fund for Deacons**

First Name: _____ **Last Name:** _____

Physical Address: _____

City: _____ **State:** _____ **Zip:** _____

Deacon (select one): Active Retired

Formation Class: _____

Assignment/Parish: _____

1. Please select your particular emergency financial need (select one):

Emergency Medical Situation

Emergency Financial Strain (loss of work or income)

2. Please describe the nature of your emergency need:

3. How much assistance are you requesting?

Please attach invoice or documentation of the assistance requested.

4. Is this particular request needed by a particular date or time?

Yes _____

No _____

5. Whom should the check be made payable to?

Please be advised that personal checks will not be issued to any applicants to the St. Stephen's Fund.
