



OFFICE OF
PERMANENT DEACON FORMATION
HONOLULU

**DEACON INQUIRY WEEKEND
RESERVATION REQUEST**

Date _____

First Name _____ MI _____ Last Name _____

Phone Number _____ E-Mail _____

Mailing Address _____

City _____ ST HI Zip Code _____

Wife's Name _____

Parish _____

(SELECT ONE)

All questions below must be answered. NOTE: If you check any of the "bold" boxes, the office may contact you for clarification and/or to verify your eligibility.

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Are you a fully initiated member (Baptised, Eucharist, Confirmed) member of the Roman Catholic (Latin) Church?
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Have you been a member of the Roman Catholic Church for at least 3 years?
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Have you resided in the Diocese of Honolulu for at least 3 years?
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Are you between the ages of 30 and 60?
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	If married, are you in a valid Catholic marriage? (Married in a Catholic Church by a Priest or Deacon?)
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	If married, have you been married for at least 3 years?
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	If a widower, have you recently (within the past 3 years) lost your wife? If so, how long ago? _____
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Have you discussed your interest in the diaconate with your pastor? (Check all below that apply)
		___ I have discussed my interest in the diaconate with my wife.
		___ I have discussed my interest in the diaconate with a priest other than my own pastor. Who? _____
		___ I have discussed my interest in the diaconate with another deacon. Who? _____
		___ I have discussed my interest in the diaconate with a religious. Who? _____
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Do you believe you will receive your pastor's full recommendation? (We may contact your pastor to confirm.)

Please select a MANDATORY *Diaconate Inquiry Weekend* to which you (and your wife, if applicable) will (both) be able to fully commit. These weekends will be held at St. Stephen's Diocesan Center. Please select your weekend of preference by notating first or second choice.

March 9-11, 2012 _____ Available _____ Not Available
Preference (#1 or #2)

June 8-10, 2012 _____ Available _____ Not Available
Preference (#1 or #2)

Please submit completed form via mail or electronically to:

Office of the Permanent Deacon Formation | St. Stephen Diocesan Center | 6301 Pali Highway | Kaneohe, HI 96744-5224
Phone: (808) 203-6729 | Fax: (808) 261-7022 | E-Mail: deaconformation@rcchawaii.org