



**THE EPISCOPAL DIOCESE  
OF TENNESSEE**

**APPLICATION FOR LICENSE TO OFFICIATE**

Please forward the completed application to Sandra Beld, Diocesan Administrator ([sbeld@edtn.org](mailto:sbeld@edtn.org))

**For Initial Licensing Only:** Oxford Document Management will be contacted to begin a background check. A meeting with the Bishop will be scheduled upon receipt of the background check results and the payment of background check costs. *Please note that the cost of the background check can run as high as \$500+ depending on residence history. The typical cost is around \$275 and is borne by the applicant or requesting parish.*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address \_\_\_\_\_

Present Employment \_\_\_\_\_

Diocese of Canonical Residence: \_\_\_\_\_

References: Please list those who are currently familiar with your character as it relates to your work as an ordained minister. References may be checked with each application.

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Additional Information:

- |    |  |     |    |
|----|--|-----|----|
| a. | Do you use illegal drugs?  | Yes | No |
| b. | Have you ever been convicted of a criminal offense?<br>(If yes, please explain in detail on an additional sheet of paper.) | Yes | No |
| c. | Have you even been charged with child abuse, child neglect or sexual misconduct?   | Yes | No |
| d. | Have you ever had your driver's license revoked or suspended?  | Yes | No |

- |    |   |     |    |
|----|---|-----|----|
| e. | Have you ever been accused of financial misconduct in your employment   | Yes | No |
| f. | Other than the above items, is there any other fact or circumstance involving you or your background that would call into question your being entrusted with the care, guidance, and supervision of people placed in your charge? If yes, please explain in detail on an additional sheet of paper. | Yes | No |
| g. | Do you expect to receive compensation for the practice of ordained ministry in this diocese? If so, please specify the details.   | Yes | No |

Briefly state:

1. The reason(s) you wish to be licensed to officiate in this diocese.
  
2. The specific context in which you will exercise ordained ministry in this diocese.

I understand that:

- a. The information that I have provided may be verified by the diocese contacting persons named in this application or by contacting any person or organization that my have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the Diocese of Tennessee, its congregations, officers, employees, and volunteers thereof. I further understand that the Diocese will conduct a background check on me which must be approved before a license to officiate can be granted.
  
- b. In signing this application, I affirm that all the information I have given is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date