

Application to join  
**The Orthodox Anglican Communion®**  
For Priests, Deacons, Ministers, or local Churches outside of the USA

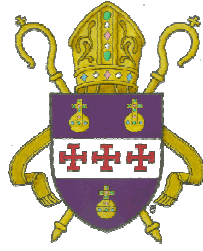
This Application package is for Priests, Deacons, or other Senior Representatives of local churches outside of the United States of America seeking to join the Orthodox Anglican Communion. Priests, Deacons, or other Senior Representatives should sign the Declaration (page 2), the Ministerial Application, (pages 3-4) and the Parish Report (page 5-9, one form for each local church applying). The entire package should then be mailed to:

His Excellency  
The Most Revd Dr Scott McLaughlin, Metropolitan  
The Orthodox Anglican Communion  
464 North County Home Road  
Lexington, NC 27292 USA

or faxed to: 01-336-236-4822

or e-mailed to: [oac@orthodoxanglican.net](mailto:oac@orthodoxanglican.net)

Telephone: 01-336-236-9565



## A Declaration

To all the faithful in Christ Jesus throughout the world, Greetings!  
Be it known unto you by these presents that I,

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(Name of Applicant)

do solemnly affirm that,

I believe that Jesus Christ is the Divine Son of God and Saviour of the world.

I believe the Holy Scriptures of the Old and New Testaments to be the Word of God, to be divinely inspired, and to contain all things necessary to salvation, and that nothing is required of anyone for salvation except what can be plainly shown to be found therein.

I believe the ancient Apostles' and Nicene Creeds.

I do solemnly engage to conform to the doctrine, discipline, and worship of the historic Anglican Book of Common Prayer, and specifically the 1928 American edition and the 1662 edition of the Church of England.

I do hereby request membership for myself and my ministry in the worldwide Orthodox Anglican Communion, and pledge myself and my ministry to uphold its Canons.

I recognize and accept the Archbishop of the Orthodox Anglican Church in the United States of America to be the Metropolitan and Temporal head of the Orthodox Anglican Communion.

To which affirmations I do hereby affix my seal and signature:

Signed:

Date:

MINISTERIAL APPLICATION  
(To be submitted by each Priest or Deacon. Please print legibly.)

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Physical Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Educational History. Please list schools, colleges and seminaries attended:

<u>Name of School</u>	<u>Years attended</u>	<u>Field of Study</u>	<u>Degree earned</u>
<i>(Example): St. Thomas Anglican Seminary</i>	<i>2000-2004</i>	<i>Pastoral Theology</i>	<i>Master of Theology</i>

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(Please enclose with this application copies of all diplomas or degrees earned, and transcripts of studies undertaken)  
Ministerial History. Please list date(s) of ordinations and parishes served:

Date of Baptism: \_\_\_\_\_ Place of Baptism: \_\_\_\_\_

Date of Confirmation: \_\_\_\_\_ Place of Confirmation: \_\_\_\_\_

<u>Date of Ordination</u>	<u>Ordained by whom</u>	<u>In what Church</u>	<u>As</u>
<i>(Example): 17 June 1985</i>	<i>Rt. Revd George Thomas</i>	<i>Church of South India</i>	<i>Deacon</i>

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(Please enclose with this application copies of all ordination certificates and other pertinent information)

Parishes Served:

Name and location of Parish	Position	Length of Service
<i>(Example): St. Thomas Anglican Church, City of Parish</i>	<i>Rector</i>	<i>2000 to present day</i>

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Attestation:

I solemnly affirm that the statements made by me in this Application are true and accurate. By submitting this Application, I further affirm before our Lord Jesus Christ, that:

1. I submit to the ecclesiastical rule of the Metropolitan of the Orthodox Anglican Communion, The Most Revd Dr. Scott McLaughlin, and hereby voluntarily place myself under the Canons of the said Communion, and
2. I do believe the holy scriptures of the old and new testaments to be the Word of God and to contain all things necessary to salvation: and I do solemnly engage to conform to the doctrine, discipline, and worship of The Orthodox Anglican Communion.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Witness: \_\_\_\_\_

**OTHER INFORMATION**

(Which may be a continuance from the previous pages):

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Applicant's initials: \_\_\_\_\_

# PARISH REPORT

To be filled out by RECTOR or VICAR  
Or by the SENIOR WARDEN (if there is no Rector)  
PLEASE PRINT IN ENGLISH

PARISH NAME: \_\_\_\_\_

Address (where services are held): \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ e-mail or website: \_\_\_\_\_

## THE RECTOR OR VICAR:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone:\_(\_\_\_\_\_)\_\_\_\_\_ Cell phone:\_(\_\_\_\_\_)\_\_\_\_\_

Work Address (if not employed by the Parish): \_\_\_\_\_

\_\_\_\_\_ Work phone:\_(\_\_\_\_\_)\_\_\_\_\_

Email Address(es): \_\_\_\_\_

## THE SENIOR WARDEN:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone:\_(\_\_\_\_\_)\_\_\_\_\_ Cell phone:\_(\_\_\_\_\_)\_\_\_\_\_

Email Address(es): \_\_\_\_\_

## THE JUNIOR WARDEN:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone:\_(\_\_\_\_\_)\_\_\_\_\_ Cell phone:\_(\_\_\_\_\_)\_\_\_\_\_

Email Address(es): \_\_\_\_\_

## SECRETARY TO THE VESTRY:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone:\_(\_\_\_\_\_)\_\_\_\_\_ Cell phone:\_(\_\_\_\_\_)\_\_\_\_\_

Email Address(es): \_\_\_\_\_

**CHURCH TREASURER:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone:\_(\_\_\_\_\_) \_\_\_\_\_ Cell phone:\_(\_\_\_\_\_) \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Names of other Vestry members serving during the year:

_____	_____
_____	_____
_____	_____
_____	_____

**OTHER CHURCH OFFICERS:** (If any, please provide name and mailing address):

Chairman of Men’s Group: \_\_\_\_\_

Chairwoman of Women’s Group: \_\_\_\_\_

Lay Readers: \_\_\_\_\_

Other Church Officers: \_\_\_\_\_

**LIST OF PAROCHIAL ORGANIZATIONS:** (Such as Men’s and Women’s groups, Altar Guilds, Acolyte Guilds, etc.)

Name or type of Organization:	Number usually attending:	Number of meetings per month:
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SCHEDULE OF CHURCH SERVICES** normally held during the year:

**SUNDAY SERVICES:**

Type of Service:	Time of Service:	Average number attending:
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_____	_____	_____
_____	_____	_____
_____	_____	_____

WEEKDAY SERVICES:

Type of Service:	Day/Time of Service:	Average number attending:
_____	_____	_____
_____	_____	_____
_____	_____	_____

THE SUNDAY SCHOOL, for the year:

Superintendent's name and mailing address: \_\_\_\_\_  
\_\_\_\_\_

Time and Place of Sunday School classes: \_\_\_\_\_

Number of pupils under age of 6: \_\_\_\_\_ Number of pupils age 7 to 18: \_\_\_\_\_

Number of pupils over age 18: \_\_\_\_\_ Number of Officers, Teachers, and Assistants: \_\_\_\_\_

Total number active in the Sunday School (sum of the above): \_\_\_\_\_

SACRAMENTAL RITES AND OTHER SERVICES IN THE PREVIOUS CALENDAR YEAR

Number of Baptisms:

Infants and children under 12 years old: \_\_\_\_\_

Children and Adults (13 years or over): \_\_\_\_\_

Number of celebrations of Holy Communion:

Public:           Sundays: \_\_\_\_\_

                      Weekdays: \_\_\_\_\_

Private: \_\_\_\_\_

Total number of celebrations: \_\_\_\_\_

Other Services of Public Worship:

Morning Prayer (Sundays and weekdays): \_\_\_\_\_

Evening Prayer (Sundays and weekdays): \_\_\_\_\_

Other Special Services (Unction, Maundy Thursday, Good Friday, etc.): \_\_\_\_\_

Total number of other public services: \_\_\_\_\_

Number of marriages solemnized: \_\_\_\_\_

Number of burials conducted: \_\_\_\_\_

GRANT TOTAL OF PUBLIC AND PRIVATE SERVICES FOR THE YEAR: \_\_\_\_\_(sum of all above)

VITAL STATISTICS FOR THE PREVIOUS CALENDAR YEAR:

Number of church families in the parish (a "church family" is defined as a unit consisting of one or more parents and one or more children. Include "seasonal members"): \_\_\_\_\_

Number of individuals in the parish (not included in the number above. Include "seasonal members"): \_\_\_\_\_

ADDITIONS TO PARISH:

- a. Number of communicants (confirmed members) on January 1: \_\_\_\_\_
- b. Number of children (under 12) added during year by Confirmation: \_\_\_\_\_
- c. Number of children or adults (over 13) added during year: \_\_\_\_\_
- d. Total number of new members by transfer from any other church: \_\_\_\_\_
- e. Total number of new members added by conversion: \_\_\_\_\_
- f. Total of new additions (sum of b-f, above): \_\_\_\_\_

Total additions plus number on December 31 (sum of a and f, above): \_\_\_\_\_

LOSSES OF PARISH:

- a. Number of communicants (confirmed members) on January 1: \_\_\_\_\_
- b. Total lost by death: \_\_\_\_\_
- c. Total lost by transfer: \_\_\_\_\_
- d. Total lost by relocation: \_\_\_\_\_
- e. Total inactive, unknown, or lost track of: \_\_\_\_\_
- f. Total lost in for year (sum of b-e, above): \_\_\_\_\_

Total losses plus number on December 31 (sum of a and f above): \_\_\_\_\_

Total Number of "regular visitors" (visited at least 3 times during the year) not yet confirmed or transferred: \_\_\_\_\_

Total number of active church participants: adults and children, confirmed members, regular visitors, seasonal members (i.e., in church only for summer or winter, etc.), baptized but not yet confirmed, etc.: \_\_\_\_\_

Comments from Rector, Vicar, or Senior Warden (person filling out this Report):

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I solemnly affirm that the statements made by me in this Application are true and accurate.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_