



OFFICE OF THE DIACONATE  
ARCHDIOCESE OF GALVESTON-HOUSTON

**DIACONATE INQUIRY NOMINATION FORM FOR DEACONS**

I, \_\_\_\_\_, in my capacity as a deacon of  
\_\_\_\_\_ Parish nominate the following  
to be invited as an Inquirer for the next Diaconate Formation Program.

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

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

City, TX Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail : \_\_\_\_\_

Please describe the kinds of non-liturgical service that suggest that this nominee has the  
“heart of a deacon” and should be considered as an Inquirer into the Permanent Diaconate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Mail to: Deacon Gerald DuPont, Office of the Permanent Diaconate, 9845 Memorial Drive,  
Houston, TX 77024. For more information call: 713-686-4345 ext. 268.