

The Huntington Agreement for Clergy

By my signature below, I affirm the following:

1. I believe that the Holy Scriptures contain all things necessary to salvation.
2. I believe that the pre-Nicene Church provides a model and hermeneutic for the contemporary living of our faith.
3. I believe that the Apostles' and Nicene Creeds are a sufficient statement of Christian faith.
4. I esteem the seven traditional Catholic sacraments, and I believe that the sacraments should not be denied to God's children based on such factors as gender, gender identity or marital status.
5. I recognize that all people are created in the image and likeness of God and are temples of God's Spirit, and I encourage all baptized Christians to participate in the life and the sacraments of the Church.
6. I esteem the historic episcopate, locally-adapted.
7. I reject clericalism and esteem a community-centered, synodal Church where all major decisions and elections take place with the full and active participation of lay and ordained members at all levels.
8. I testify that I possess apostolic succession through the laying on of hands.
9. I embrace the Council of Constance Principle: I agree not to function as a bishop unless called by the New Catholic Community to serve as a bishop. If I was previously consecrated as a bishop, I agree to self-identify as a presbyter/priest rather than as a bishop.
10. I agree to fulfill the formational, educational & professional standards of the New Catholic Community.

Signature

Date

Title & Name: _____ Cell #: _____

Mailing Address: _____ Email: _____

Jurisdiction(s): _____ Religious Communities: _____

Diaconate Ordination

Date: _____ Place: _____ Bishop(s): _____

My ordaining prelate(s) was (or were) consecrated by: _____

Presbyteral/Priestly Ordination

Date: _____ Place: _____ Bishop(s): _____

My ordaining prelate(s) was (or were) consecrated by: _____

I serve the following 12 lay persons who can testify to my character:

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

I recognize that the following information will be used only for the criminal background check:

Date of birth: _____ Social Security #: _____ Driver license state & #: _____

Please email completed application to editor@ExtraordinaryCatholics.faith.

Details of payment will be shared after your application is accepted & psychological assessment is completed.