

The Huntington Agreement for Non-clergy Religious

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 believe that all baptized Christians are called 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. If ordained in the future, I will secure apostolic succession through the laying on of hands, and I will 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.
9. I agree to fulfill the formational, educational and professional standards for members of the New Catholic Community.

Signature

Date

Title & Name: _____ Cell #: _____

Mailing Address: _____ Email: _____

Jurisdiction(s): _____ Religious Communities: _____

Eucharistic Community: _____ City & State: _____

The following clergy can testify to my character (at least one required):

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

The following lay leaders can testify to my character (at least three required):

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.