

## Spiritual Direction Statement

Name of Candidate: \_\_\_\_\_

Name of Director: \_\_\_\_\_

Dear Reverend Father:

Your assistance in helping to form men for diaconal ministry in our diocese is deeply appreciated. Without violating the confidentiality of spiritual direction, would you please complete this form and return it to the Director of Deacon Formation by April 15? Thank you very much.

*By my signature, I attest that over the past year I have met with the above-named candidate on a regular basis and with sufficient frequency to meet his needs and spiritual growth. The Deacon Formation Program presumes that "sufficient frequency" would be about once per month.*

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

Please return to:

Director of Deacon Formation  
Diocese of Davenport  
2706 N. Gaines  
Davenport, IA 52804