

*Deacon Formation Program  
Preliminary Questionnaire  
Wife of the Inquirer*

Name \_\_\_\_\_  
Husband's First Name \_\_\_\_\_  
Complete Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Telephone (include area code) \_\_\_\_\_ Email \_\_\_\_\_  
Best time to reach you by phone \_\_\_\_\_

**Wives of Inquirers:**

1. Have you discussed with your husband his interest in the *Deacon Formation Program*? \_\_\_Yes \_\_\_No
2. Do you believe that your husband meets the minimum requirements as listed on the back of this form?  
\_\_\_Yes \_\_\_No \_\_\_I have some questions about the requirements.
3. Would you consent to your husband's participation in the program? \_\_\_Yes \_\_\_No
4. Would you be willing to participate in programming for wives? \_\_\_Yes \_\_\_No

On a separate sheet of paper, please write (typewritten):

- Your explanation for any of the above questions whose answer was not 'yes.'
- A brief paragraph containing your thoughts, including questions and concerns, about your husband's and your involvement in the *Deacon Formation Program*.

**Please return this and any other information that you wish to provide to your pastor who will submit all documentation to the Deacon Formation Program.**