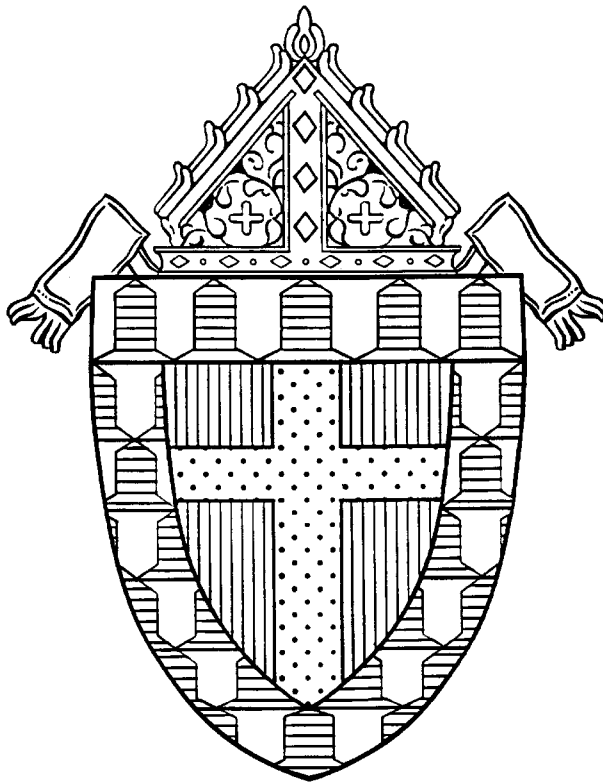


Diocese of Lafayette, Louisiana



**Office of Vocations
Confidential Information Form**

DIOCESE of LAFAYETTE

Office of Vocations

APPLICATION FORM

PERSONAL DATA

_____ Date

1. Name _____
(Last) (First) (Middle)
Address _____ Home Phone _____
(Zip Code) (Area Code/Phone Number)
Cell Phone _____ Email Address _____
Home Diocese _____
Home Church Parish _____
Pastor's Name/Address _____

2. Age _____ Date of Birth _____ Place of Birth _____
(City) (State)
Social Security Number _____

FAMILY BACKGROUND

3. Father's Name _____ Birthplace (City) _____ State _____
Living _____ Deceased _____
(Age) (Cause of death) (Age @ death) (Year of death)
Address _____ Phone _____
(Street Address or P.O. Box, City, State, Zip Code) (Area Code/Phone Number)
Highest Grade Completed _____ Occupation _____ Religion _____
Email address _____ Cell phone _____

4. Mother's name, including maiden name _____
Birthplace (City) _____ State _____
Living _____ Deceased _____
(Age) (Cause of death) (Age @ death) (Year of death)
Address _____ Phone _____
(Street Address or P.O. Box, City, State, Zip Code) (Area Code/Phone Number)
Highest Grade Completed _____ Occupation _____ Religion _____
Email address _____ Cell phone _____

5. Parents' Marital Status _____
(Specify whether sacramentally married in Church, civil marriage, divorced, separated, widowed.)

If one or both parents are re-married, enter **name** and **address** of present spouse:

Father's spouse: _____

Mother's spouse: _____

6. Brothers and Sisters: (If more space is needed, please attach a sheet of paper with the additional information.)

<u>Name</u>	<u>Age</u>	<u>Occupation</u>	<u>Marital Status</u>	<u>Practicing Catholic?</u>
				Yes No

7. Who should be notified in case of emergency?
Name _____ Phone _____
(Area Code/Phone Number)
Address _____ Relationship _____

8. Do you have any near relatives who are in the priesthood or the religious life? (Specify) _____

PHYSICAL / MEDICAL BACKGROUND

9. Hgt. _____ Wgt. _____ Vision _____ Hearing _____ Date of last physical exam _____

10. Personal Physician _____ Phone _____
(Area Code/Phone Number)

11. Physical handicaps or limitations _____
Serious Illness (age) _____

Serious accidents _____

Surgery _____

How many days of work or school missed last year due to illness? _____

Cause? _____

12. Have you ever used illegal drugs of any kind? If so, what? _____

How often? _____ When last used? _____

Do you smoke? _____ Packs per day: _____ (Pipes, etc.?) _____

Alcohol consumption _____

13. What medications are you currently taking, or have been taking? _____

14. Check the items which do now, or have in the past, caused you concern:

Allergies _____ Asthma _____ Blood Pressure _____ Colitis _____ Diabetes _____

Headaches _____ Heart Ailment _____ Indigestion _____ Insomnia _____

Nervousness _____ Overweight _____ Poor Appetite _____ Tiredness _____ Underweight _____

Other (Specify) _____

If there is any history in your immediate family of mental illness, alcoholism, or drug addiction, please give details: _____

Have you had any kind of counseling therapy? _____

With whom? _____

(Doctor or Therapist)

(Address)

(Phone)

Would you be willing to sign a release form for us to obtain information? _____

EDUCATIONAL BACKGROUND

15. List all high schools attended (indicate Public, Catholic, Private).

<i>School</i>	<i>City and State</i>	<i>Dates of Attendance</i>	
_____		From _____	To _____
_____		From _____	To _____
_____		From _____	To _____
_____		From _____	To _____

If you did not attend Catholic school, please indicate the extent of your religious education (for instance Confraternity of Christian Doctrine).

16. List all colleges attended (indicate Public, Catholic, Private, Seminary) and post-graduate work.

<i>College or University, Trade Schools, etc.</i>	<i>City and State</i>	<i>Dates of Attendance</i>		<i>Major</i>	<i>Highest grade or degree completed</i>
_____	_____	From _____	To _____	_____	_____
_____	_____	From _____	To _____	_____	_____
_____	_____	From _____	To _____	_____	_____
_____	_____	From _____	To _____	_____	_____

Please indicate the extent of your religious education at this level.

17. Grade Point Average in high school _____ In College _____

18. What studies did you like best? _____ Least? _____

19. What courses did you fail in high school or college? _____

20. Extra-curricular, social, and athletic activities: _____

21. Honors and Awards _____

22. Foreign language ability (specify languages, and whether you read, speak, and/or write) _____

23. What philosophy courses have you had? _____

_____ Grade Point Average _____

24. Latin courses _____ Grade Point Average _____

25. In what skills or areas of education do you have special training or qualifications? _____

26. Have you ever been dismissed or expelled from any school or college? _____

If so, give full explanation on a separate sheet of paper.

MILITARY SERVICE

27. Have you registered for Selective Service? _____

If you have registered for Selective Service, give the following information:

Selective Service Number _____

Your classification _____ Local Board No. _____

Address _____

Street

City

State

Zip Code

If you have served in the Armed Forces, give:

Branch of Service _____ Date of Enlistment _____

Rank at Discharge _____ Date of Discharge _____

Type of Discharge _____ Combat _____

Duties (Mode of Service) _____ Reserve Status _____

What did you like about the Service? _____

What did you like least? _____

WORK EXPERIENCE

28. List chronologically any paid work that you have done, **starting with the most recent**. Give dates, types of work, duration, and which, if any, you especially liked or disliked.

29. Your present or most recent full-time job:

Name of employer _____

Address _____ Duration _____

Job Title _____ Describe duties in detail _____

Salary: _____

Reason(s) for leaving: _____

What did you like most about this work? _____

What did you like least? _____

30. Volunteer Work _____

31. Have you ever been fired from a job? _____ If so, why? _____

32. Do you belong to any professional organizations? _____

PERSONAL

33. How much free time do you have apart from school and/or work, and how do you spend it?
(Include hobbies and interests.) _____

34. What type of books do you prefer reading? _____
Give two or three titles of books that you read recently. _____

What periodicals do you read regularly? _____

35. What neighborhood, civic, social, or service organizations do you belong to? _____

36. Have you exercised any type of leadership in any of your free time activities? If so, describe. _____

37. Are you currently dating? _____ How old were you when you had your first date? _____
Have you gone steady? _____ Been engaged? _____ Married? _____
If you have been married, was the marriage dissolved? _____ How was it dissolved? _____

38. Have you ever been arrested? _____ Age _____ Why? _____

Have you been convicted of a serious traffic violation in the last five years? _____

39. If you have a near relative who is dependent upon you financially, please give details. _____

40. If you are in debt, please indicate to what amount. _____

RELIGIOUS BACKGROUND

41. *SACRAMENTS* *Date* *Church, City*
- Baptism _____
- First Communion _____
- Confirmation _____
- Date of Parents' Marriage _____
- Place _____
- Does either parent belong to any Oriental Rite of the Church? _____
- Father _____ Mother _____
42. Frequency of Mass Attendance:
- Yourself _____ Father _____ Mother _____
- Reconciliation (Confession/Penance):
- Yourself _____ Father _____ Mother _____
43. Have you ever belonged to a church other than the Catholic Church? _____
- Denomination _____
- Time of conversion _____
44. Have you ever been away from the Church for a period of time? If so, when? _____
- Date of your return to the Church: _____
45. Note the usual religious practices in your home. _____

46. List the ways that you have been involved in the Church, *e.g.* server, choir member, lector, extraordinary minister of the Eucharist, other.

47. If you have ever before ***applied*** to a diocese or religious order to be accepted as a candidate, please give the following information:
 Name of dioceses or orders, dates, and reasons for rejection. _____

48. If you have ever before ***been accepted*** as a candidate for any other diocese or religious order, please give the following information: Names, dates, reasons, and time of leaving, and level at time of leaving (postulant, novice, year[s] in seminary).

Will you sign a form releasing all pertinent information? _____

Did you leave of your own accord, or were you asked to leave? _____

Why? _____

49. Have you ever bound yourself by oaths, vows, or promises in a religious organization? _____

Specify _____ Date _____

Were the vows (etc.) temporary, or perpetual? _____

Have they expired or been dispensed? **(If so, please include certified copy of dispensation document.)** _____

50. Have you received any ministries or orders? (Include dates.) _____

51. Have you ever contracted Marriage? If so, When? Where? How terminated? _____

GOALS and ATTITUDES

52. How old were you when you first thought of becoming a priest? _____

53. Who, besides yourself, contributed most to your choice of this vocation? _____

54. Do your parents approve of your studying for the priesthood? _____

55. What skills, aptitudes, and experiences do you have which may be valuable in your work as a priest?

56. Why do you want to apply to the Diocese of Lafayette? _____

57. Assuming you are ordained, what kind of priestly assignments do you think you would choose? _____

58. If you were not to become a priest, what other careers would you consider? _____

59. What is your understanding of:
Obedience to your Bishop _____

Priestly celibacy _____

60. What apprehensions do you have about your decision to become a diocesan priest? _____

61. What are some of the things that priests do that you find appealing? _____

62. Name three priests you know, admire, and would like to imitate, and why. _____

