



THE
ROMAN CATHOLIC
ARCHDIOCESE OF BALTIMORE

**APPLICATION FOR
SPONSORSHIP
IN A
PROGRAM OF PRIESTLY FORMATION**

THE ROMAN CATHOLIC ARCHDIOCESE OF BALTIMORE

Please paperclip
three
passport-size
photographs
here.

Date _____
Please type or print information clearly.

GENERAL INFORMATION

Name: _____
FIRST MIDDLE LAST

Home Address: _____
NUMBER STREET APT. #
CITY STATE ZIP CODE

How long have you lived at the above address?

Mailing Address *(if different from one above)*

NUMBER STREET APT. #
CITY STATE ZIP CODE

Telephone Numbers *(please include area codes)* **E-mail** _____

Home: _____ Work: _____ Mobile: _____

Age: _____ Birthdate: ____/____/____ Birthplace: _____

Social Security # _____ Driver's License # _____

Home Parish _____

Pastor _____ Phone _____

Address _____

PART 1: PERSONAL INFORMATION

SECTION 1: CATHOLIC/RELIGIOUS BACKGROUND

A. Sacraments of Initiation *(Include two original certificates.)*

Date of Baptism ____ / ____ / ____ Church _____

First Communion ____ / ____ / ____ Church _____

Confirmation ____ / ____ / ____ Church _____

List parishes in which you have been involved since age 14.

B. Parents' Marriage *(Include two copies of parents' marriage certificate)*

Date of Marriage _____ Church _____

C. Sacramental and Religious Practice *(Include two copies of both parents' Baptismal certificates)*

If either parent or any relative is a member of an Eastern Rite of the Catholic Church, please give details _____

How frequently do you participate in the Sacrament of Penance?

How frequently do you participate in the Holy Eucharist?

Do your parents practice their faith regularly? _____

Please note the usual religious practices of your home. _____

Describe how you pray. _____

List the ways you have been involved in your parish (*for example, as server, reader, choir member, Eucharistic minister, youth group member, Parish Council, etc.*) Please be specific.

Do you currently have a Spiritual Advisor/Director, or someone with whom you regularly discuss your spirituality and vocational choice? _____

Do you have a regular confessor? _____

Do you have any relatives who are in the Priesthood or Religious Life? Have any of them influenced your decision or directly invited you to consider priestly service? _____

D. Religious History

Are you a convert to Catholicism? If yes, give date. _____

Church _____

City _____ State _____

Former Denomination/Religion _____ Years of Affiliation _____

Reason for Conversion _____

If you have always been Catholic, have you ever been away from the Church for a period of time? _____

If yes, please describe the situation in detail. _____

E. Previous experience in Religious Life

List any diocese in which you have resided for more than 6 months since age 14.

If you have ever **applied** as a candidate for any other diocese or religious community and were *not accepted*, please give the name, pertinent dates, and your understanding of why you were not accepted.

If you have ever been **accepted** as a candidate for any other diocese or religious community, please give the name, pertinent dates and your reason for leaving, and the level you had reached when you left.

Have you ever bound yourself by any oaths, vows or promises in any kind of religious organization, secret society or cult? _____ If yes, please explain. _____

If you were professed in a Catholic Religious Community:

- a. Date of your vows _____
- b. Were your vows perpetual or temporary? _____
- c. Have your vows expired or been dispensed? _____

If you were studying for the Priesthood, were you installed as reader or acolyte? Did you receive Candidacy? _____

Were you ever ordained? _____

SECTION 2: CANONICAL STATUS

(To be completed in the presence of your Vocation Director)

The following are impediments to ordination which require a dispensation.

Please check as applicable.

- a. Severe Mental Illness (c. 1041.1) (i.e. Have you ever committed yourself or been committed to a psychiatric facility?) Yes ___ No ___
- b. Apostasy, Heresy or Schism (c. 1041.2) (i.e. Have you ever publicly abandoned the Catholic Church; have you ever publicly advocated any views contrary to the teaching of the Catholic Church; have you ever joined another religious body by a formal act?) Yes ___ No ___
- c. Existing Bond (c. 1041.3) (e.g. marriage) – (If yes, will you sign a waiver to access sentence?) Yes ___ No ___
- d. Private or Public Religious Vows (If yes, present document demonstrating dismissal.) Yes ___ No ___
- e. Voluntary Homicide or Abortion (c. 1041.4) (Have you ever been involved in the taking of another human life; have you helped someone procure an abortion, performed the abortion or cooperated in obtaining an abortion for another person?) Yes ___ No ___
- f. Attempted suicide, self-mutilation or the mutilation of others? (c. 1041.5) Yes ___ No ___
- g. Ever impersonated a deacon, priest or bishop? (c. 1041.6) Yes ___ No ___
- h. Ever been excommunicated? (If yes, provide documentation indicating that fact.) Yes ___ No ___

SECTION 3: LEGAL STATUS

Are you a citizen of the United States? Yes ___ No ___

If not, of what country are you a citizen? _____

Do you have a Visa? Yes ___ No ___ Type _____ Date of Expiration ___ / ___ / ___
(include copy)

Do you have a passport? Yes ___ No ___

Number: _____

Place of Issue: _____ Expiration Date: ___ / ___ / ___

Immigration Status _____

Are you a permanent resident of the U.S.? Yes ___ No ___

Have you been arrested? Yes ____ No ____

If yes, on what charges? _____

Date of arrest(s) ____ / ____ / ____

Place of arrest (city, state, county) _____

Your age at time of arrest _____ Disposition _____

Have you ever been convicted of a felony misdemeanor (Other than civil infraction such as a traffic offense)? If yes, please explain: _____

SECTION 4: FAMILY BACKGROUND

A. Your Parents

Father

Mother

NAME _____

MAIDEN NAME _____

BIRTHPLACE _____

BIRTHPLACE _____

LIVING ____ DECEASED ____

LIVING ____ DECEASED ____

HIGHEST GRADE COMPLETED _____

HIGHEST GRADE COMPLETED _____

OCCUPATION _____

OCCUPATION _____

RELIGION _____

RELIGION _____

CONVERT? _____

CONVERT? _____

PARENTS' MARRIAGE: DATE ____ / ____ / ____

CHURCH _____ CITY _____ STATE _____

PARENTS' MARITAL STATUS: MARRIED SEPARATED DIVORCED HOW LONG? _____

IF DIVORCED, EITHER REMARRIED? YES ____ NO ____

STEPFATHER'S NAME _____

STEPMOTHER'S NAME _____

IF FATHER IS DECEASED:

IF MOTHER IS DECEASED:

CAUSE OF DEATH _____

CAUSE OF DEATH _____

AGE AT DEATH _____

AGE AT DEATH _____

YEAR OF DEATH _____

YEAR OF DEATH _____

IF FATHER IS ALIVE:

IF MOTHER IS ALIVE:

ADDRESS _____

ADDRESS _____

TELEPHONE _____

TELEPHONE _____

B. Brothers and Sisters

NAME	AGE	OCCUPATION	MARITAL STATUS	PRACTICING CATHOLIC?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Briefly describe your home life as a child and the quality of relationships in your family. (e.g. between parents and each child, between children) _____

C. Other Items

Your ethnic background _____

In case of emergency, contact:

Name _____ Relationship _____

Address _____

Phone _____

SECTION 5: GENERAL MEDICAL INFORMATION

A. General Health

Describe your childhood health. _____

Did you suffer from any serious illnesses? _____

If yes, please describe what and when. _____

How was your health as an adolescent? _____

Have you ever had any serious illness, accidents, surgeries or physical limitations? Please describe briefly. _____

Do you have any medical concerns, e.g. high blood pressure, heart ailments, indigestion, diabetes, weight problem, headaches, asthma, poor appetite, tiredness, allergies, etc.? _____

How many days of work or school did you miss last year due to illness? _____

Cause _____

Do you have a history of substance abuse/chemical dependency? _____

If yes, give details. _____

Have you taken part in a chemical dependency or substance abuse program? _____

If yes, when and where? _____

What is your weekly alcohol consumption? _____

What do you generally drink? _____

How would you classify your drinking? ___ none ___ light ___ moderate ___ heavy

Do you smoke or chew tobacco? _____ If yes, how much? _____

Do you take any prescription drugs? _____

If yes, please list. _____

Is there history in your family of mental illness, substance, drug or sexual abuse? _____

If yes, please detail. _____

Have you ever been the victim of physical or sexual abuse? _____

If yes, please detail. _____

Do you exercise?_____ How often? _____

What type of exercise do you do? _____

When did you have your last physical? _____

B. Counseling/Therapy

List any experiences with counseling/therapy. _____

Please provide contact information for therapists/counselors and dates of treatment. _____

C. Physician and Medical Insurance

Name of personal physician _____

Address _____

Telephone _____

Do you have medical insurance? _____

Indicate company and type of policy/coverage. _____

Who is currently financially responsible for premium? _____

How long will this coverage be available to you? _____

*Please note: Applicant must also submit a **completed confidential health form**, including physician's report.
(See Part 2 of Application)*

SECTION 6: EDUCATIONAL BACKGROUND

A. Grade Schools

NAME	CITY/STATE	DATES ATTENDED	CATHOLIC?
_____	_____	_____	Yes___ No___
_____	_____	_____	Yes___ No___
_____	_____	_____	Yes___ No___

B. Secondary Schools (*high schools*)

NAME	CITY/STATE	DATES ATTENDED	CATHOLIC?	
_____	_____	_____	Yes___	No___
_____	_____	_____	Yes___	No___
_____	_____	_____	Yes___	No___

C. Catholic Instruction (*e.g. CCD, school of religion, parish classes*)

If you did not attend Catholic Schools, please list your additional religious instruction.

D. Colleges, Universities, Seminaries

NAME	CITY/STATE	DATES ATTENDED	MAJOR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. Degrees

Please list degrees earned along with school, GPA and honors, if applicable.

F. Extracurricular Activities and Awards

Please list extracurricular involvement and additional honors or awards.

G. Other Educational Background Information

Which studies did you like best in high school? In college?

Which did you like least? _____

Have you ever failed a course? (Please specify.) _____

What was the last grade or class successfully completed? _____

Please explain any interruptions in a course of study if applicable. _____

If your college major was not philosophy, list any philosophy course you have taken.

Please list any credits you have earned in Theology. _____

Do you speak, read or write any foreign languages? Please list, indicating your length of study and level of competence. _____

Please indicate any Latin studies. _____

Have you ever participated in any forms of public speaking, debate, oratory or acting? _____

Please list. _____

List class offices held. _____

In what skills or area of education have you had special training? _____

Have you ever been dismissed or voluntarily withdrawn from any school? _____

If so, please explain. _____

Would you describe yourself as a poor, average, or above average student? _____

Did you have any academic problems in school? _____

Did you have any socialization problems in school? _____

SECTION 7: PERSONAL DATA

Describe your free time away from school or work. How much free time do you have? What are your interests or hobbies? _____

Do you like to read? _____

Describe the kinds of books you read. Give the titles of two or three books you have recently read and the names of the magazines/periodicals that you regularly read. _____

List any neighborhood, civic, social and service organizations to which you belong, and describe your roles in each. _____

Describe any leadership roles you have assumed in your free time activities. _____

Describe your relationships with your friends: who are they, what do you do together, how long have you been friends, how do you give and receive support? _____

Who are the most important people in your life? _____

Have you ever dated? Yes _____ No _____

Are you currently dating? Yes _____ No _____

How old were you when you had your first date? Age _____

Have you ever gone steady? Yes ____ No ____

Have you ever had a serious relationship?
(one in which you considered marriage) Yes ____ No ____

Have you ever been engaged? Yes ____ No ____

Have you ever been married (church, state, or "common law")? Yes ____ No ____

If yes, please answer the following:

To whom? _____

When? _____ Where? _____

By whom? (Church, J.P., Minister, etc.) _____

Is your former spouse deceased? Yes ____ No ____

If yes, date of Death _____

Have you received a civil divorce? Yes ____ No ____

Grounds _____

Have you received a Church annulment? Yes ____ No ____

Diocese _____ Date ____ / ____ / ____ Protocol # _____

Do you have any children? Yes ____ No ____

If yes, how many and what ages? _____

Do you have any dependent relatives? _____

Have there been any fearful or distressing events in your life not mentioned thus far? _____

Are you at ease in the presence of others? _____

Please state some instances where you feel you have helped others. _____

Describe your personality as you view it. _____

Discuss your strengths and strongest qualities. _____

What do you regard as your particular talents? _____

Is there anything you would like to change about yourself? _____

SECTION 8: VOCATION DISCERNMENT

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

Has the thought been occasional or consistent? _____

Who, besides yourself, contributed most to your consideration of the Priesthood? Why? _____

Has anyone suggested you may have a vocation to the Priesthood? If so, why? Have you heard this often? _____

Do your parents support your vocation decision? Please comment. _____

Why do you want to join our Archdiocese as a priest? _____

What kind of assignments as a priest would most interest you? _____

If you were to not become a priest, what other way of life or career might you choose?

What is your understanding of the following:

Priestly obedience to his bishop _____

Priestly promise to be celibate and chaste _____

A priest as a prayerful person _____

The Sacraments _____

Sacred Scripture _____

The Holy Eucharist _____

What apprehensions do you have about your vocation decision? _____

What most attracts you to the Priesthood? _____

If you become a priest, what do you think you will be able to contribute, from the perspective of your talents, experiences, and other personal qualities? _____

Some of the obstacles to a definite decision regarding priesthood are listed below. Comment on each as it affects you.

a. Selfishness _____

b. Inability to make decisions _____

c. Intellectual capacity _____

d. Chaste Celibacy _____

e. Lack of courage _____

f. Inadequate spiritual life _____

g. Inadequate understanding of the faith _____

h. Personal obstacles _____

Do you think of the priest's life as a happy one? _____

SECTION 9: EMPLOYMENT/FINANCIAL STATUS

A. Employment History

List chronologically any paid work (full or part time) that you have done. Give dates, type of work, reason for leaving or any other helpful comments. Attach separate sheets as needed.

Your current or most recent employer _____

Address _____

_____ Telephone _____

Job Title _____ Duration _____

Describe your duties in detail. _____

Salary/Wage _____

What did you most like about the job? _____

What did you like least? _____

Reason for leaving _____

Have you ever been fired from a job? If yes, indicate why. _____

Indicate any professional organizations to which you belong _____

Please list any volunteer work you have done or are currently doing, and dates of your involvement _____

B. Financial Status

Income

Indicate present salary: weekly _____ monthly _____ yearly _____

Do you regularly file your income tax return? Yes _____ No _____

Give last two years' W-2 income amounts: Year ___ \$ _____ Year ___ \$ _____

Do you have a guaranteed income? Yes _____ No _____

If yes, please indicate the amounts and from where:

Retirement Benefits	\$
Disability Benefits	\$
Summer Employment	\$
Investment Income	\$
Social Security Benefits	\$
Other	\$
List:	

Assets	Value
Real Estate	\$
Investments	\$
Savings	\$
Car	\$
Other	\$
List:	

Indebtedness

Are you currently in debt (e.g. with credit cards, bank loans, or personal loans)? Yes ___ No ___

If yes, please indicate to whom you are indebted and the amount of debt(s).

_____ \$ _____

_____ \$ _____

_____ \$ _____

Any Government Student Loans? Yes _____ No _____

If yes, list amount outstanding payment and holding bank or agency

C. Personal Expenses

The seminarian is expected to be personally responsible for expenses such as books, postage, toiletries, transportation, automobile insurance and entertainment. Do you anticipate being able to cover expenses? Yes _____ No _____

If you plan to receive assistance in meeting your personal needs during the school year, please list those from whom the support will come and the amount of support you expect to receive.

	\$
	\$
	\$

SECTION 10: MILITARY SERVICE

Have you registered with the Selective Service? Yes _____ No _____

If yes, Selective Service number and classification _____

If no, please explain. _____

If you have served, or are currently serving in the military

Branch of Service _____ Enlistment Date ____/____/____

Rank at Discharge _____ Discharge Date ____/____/____

Type of Discharge _____ Combat _____

Service Duties _____

Reserve Status _____

If discharged, please provide copy of your DD-214.

Are education benefits available to you from the military? Yes _____ No _____

If yes, explain _____

I make this application of my own free will _____
(Signature)

**CERTIFICATION AND AUTHORIZATION FOR RELEASE OF
CONFIDENTIAL INFORMATION**

I, the undersigned applicant for sponsorship in the priestly formation program of the Archdiocese of Baltimore, certify that the information provided in my application form and the accompanying application materials are true and complete to the best of my knowledge, information, and belief, and may be verified by the Archdiocese of Baltimore. I understand that my application materials include, but are not limited to, confidential information such as medical records (including HIV and Hepatitis B test results), mental health records (including psychological test results), educational records (including transcripts), criminal background information (including fingerprints), financial information, application form, and letters of reference, whether this information is provided by me or is received from another source.

I hereby authorize the Archdiocese of Baltimore (including but not limited to the Archbishop of Baltimore, the Director of Vocations, the Screening Committee for Candidates for Priesthood, and their delegates) to have access to and use any and all of my application and application materials. I understand that the purpose of the application and application materials is to evaluate my fitness for the priestly formation program and the priesthood and to assist the Archbishop in acting for the good of the Church.

I hereby authorize the Archdiocese of Baltimore to release copies of my application and application materials to any seminary designated by the Archdiocese of Baltimore and to discuss my priestly formation with the officials of such seminary. I also authorize the Archdiocese of Baltimore to release my application materials to any diocese or religious congregation to which I apply for priesthood, the diaconate or consecrated religious life.

I further release the Archdiocese of Baltimore, its employees, volunteers, agents, and all those who receive my application or application materials hereunder from any and all liability arising from or relating to their use of such application and application materials.

Applicant Name (Print)

Signature

Date

Social Security Number

Date of Birth

PART 2: MEDICAL/PSYCHOLOGICAL/CHILD CARE (FAMILY LAW)

SECTION 1: MEDICAL FORMS

- Please complete the **Confidential Health Form** provided in this application packet.
- Please arrange for a **physical examination** as soon as possible. Please have your doctor complete the forms included.

SECTION 2: PSYCHOLOGICAL EXAMINATION

- The Vocation Office has given you the telephone number of the Psychologists to arrange for required psychological testing and interview. Please do not delay in pursuing this testing. A block of your time will be needed in order to complete all that will be involved

SECTION 3: CHILD CARE (FAMILY LAW) – CRIMINAL RECORD CHECK & DISCLOSURE

- In accordance with Family Law Article 5-560 et, seq., of the Annotated Code of Maryland, we must conduct a criminal background investigation in instances of possible interaction with children.
 - **Compliance:** Complete the Application for Criminal History Record Check and Disclosure Statement – Form CJIS-011 (10/96). Please read and follow all instructions for completion of this application carefully. Instructions and all other needed materials are enclosed in this packet.
 - **Reimbursement:** Upon written request, the Vocation Office will reimburse you for application and fingerprinting fees paid. Please save your payment documentation. These, including canceled checks, will be needed to honor your request for reimbursement.

PART 3: AUTOBIOGRAPHY & ESSAY

- Autobiography**

Please attach a typewritten, detailed autobiography that gives an insight into who you are including:

 - * Family Life
 - * Relationships outside of family
 - * School/Work experiences
 - * Major satisfactions and problems experienced
 - * Prayer and faith experiences
 - * Your vocation and how you arrived at applying to the priestly formation program
- Essay**

Please attach a brief essay, typewritten answering the question:

 - * What does the priesthood mean to me?

PART 4: REFERENCES

- Please provide names and addresses for letters of recommendation from:
 - * Pastor and Associates
 - * Priests who know you well (if different from your parish priest)
 - * Recent Teacher or Advisor (Counselor)
 - * Employers, including most recent
 - * Parents
 - * Relatives
 - * Friends

Documents to be sent besides this Application Form:

- 2 Copies of Parents' Marriage Certificate
- 2 Copies of Baptism Certificate
- 2 Copies of Confirmation Certificate
- 2 Sets of original transcripts in separately sealed envelopes from:
 - High School
 - College/Universities

* Please do not wait until you have all these documents before sending what you do have.