

ARCHDIOCESE OF BALTIMORE DIVISION OF CLERGY PERSONNEL

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PRIESTS SEEKING FACULTIES in the ARCHDIOCESE OF BALTIMORE

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Your Name	e:
(Arch)Dioc	ese or Religious Order:
Address: _	
 Phone :	
Cell Phone	<u> </u>
Email:	
Place of Bi	irth:
Date of Bir	th:Date of Ordination:
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	eck here if you would like you like to receive Mass help requests via email, once you ved faculties
Ministry sit	e in Archdiocese of Baltimore
Ministry P	hone:Fax:
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II. <u>DIOCESE/COMMUNITY</u>
Name of Diocese or Religious Order:
Name of Ordinary or Superior:
Address:
Phone: Fax:
Email:
III. <u>LEGAL AND IMMIGRATION ISSUE (if a non US citizen)</u>
State Country of Citizenship:
Passport Issued from:
Passport Number/Expiration Date:
R1 Info:
List the legal documents (visa, green card, etc.) you have obtained in order to live, study and/owork in the United States? We will need copies of all immigration information.
Document Registration # Expiration Date

IV. GENERAL COMMENTS:

Please list any other information that may be helpful.