

APPLICATION FOR CLERGY FORMATION

Please send this completed form and \$20.00 U.S. processing fee to:
 CLERGY FORMATION CENTER
 240 School Street
 Berlin, NH, 03570
patriarch@priest.com

Please attach a copy of your baptism, confirmation and marriage certificates.

Personal Information (All information is kept strictly confidential.)			
Name			
Last, First, Middle			
Address			
Number, Street, Apt #			
City, State, Zip			
Telephone			
Home, Cell, Other			
Employment			
What is your present occupation?			
Location:		How Long?	
Education			
Year Grad.	School (with address)		Degree
Other			
SS Number		<i>or</i> Natl. Id. #	
Date of Birth		Place of Birth	
Date of Baptism			
Place of Baptism			
(Please include the name of the Church and it's affiliation.)			
Date of Confirmation			
Place of Confirmation			
(Please include the name of the Church and it's affiliation.)			
Marital Status		Number of Previous Marriages:	
Date of Marriage		Location of Marriage:	

Wife's Information			
Wife's Full Name			
Wife's Address (Only if different from yours.)			
City, State, Zip			
Wife's Church Affiliation			
Date of Birth		Place of Birth	
Children			
Name and Birthdate			
Name and Birthdate			
Name and Birthdate			
Name and Birthdate			
(Additional names and birthdates may be added at the end of this form.)			
Does your wife support your decision to enter Holy Orders? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do or will your children support this decision? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Why do you want to be ordained? (be brief)			
What kind of ministry, if any, are you involved in now?			
Why do you feel God called you to ministry?			
What ministry do you feel called to?			
Why did you choose the Catholic Charismatic Church?			
What is your current state of health?			
Do you know of any impediment to you being ordained in due course?			
Will you depend on your ministry for your livelihood?			
Have you ever been arrested? <input type="checkbox"/> NO <input type="checkbox"/> YES – If yes, why? Disposition of case:			
Are you now or have you ever been a practicing homosexual? <input type="checkbox"/> NO <input type="checkbox"/> YES			
Are you now or have you ever been an alcoholic? <input type="checkbox"/> NO <input type="checkbox"/> YES			
Are you now or have you ever been dependant on drugs? <input type="checkbox"/> NO <input type="checkbox"/> YES			

I, the undersigned, attest that all information herein submitted is true and accurate to the best of my knowledge.

DATE: _____ SIGNED: _____