

Byzantine Catholic Metropolitan Church

Archeparchy of Pittsburgh Office of Vocations

66 Riverview Avenue | Pittsburgh, PA 15214



Most Reverend William C. Skurla, D.D.
Metropolitan Archbishop

Very Reverend Archpriest Dennis M. Bogda
Director of Vocations

Procedure for Application as a Candidate for the Priesthood or Diaconate in the Byzantine Catholic Metropolitan Church

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I. Initial Contact

Initial contact may be made with the Director of Vocations or any priest in the Metropolitan Church. Once contact is made, the name and address of the inquirer is sent to the Director of Vocations. The Director will have an initial interview with the candidate. He then will send the application materials and work with the candidate through the process. The Director of Vocations then will begin building a profile on the applicant.

NOTE:

At this point, if the Vocations Director has any reservations about the candidate, he will ask another priest of the Metropolitan Church to interview the applicant. If the Vocations team concludes that an applicant is not the kind of person who will be able to function ministerially, the Admissions Process will be terminated and the applicant will be notified by the Director of Vocations.

Instances as described above will be rare. The termination clause is inserted in case of glaring deficiencies in an applicant and to eliminate the prolonging of the process in light of these obstacles.

It therefore might be advisable “at this time in his life” to suggest that an applicant proceed with another course of action before initiating a formal application.

II. Application

All parts of the formal application must be completed by the candidate. These sections include:

1. Confidential Information Questionnaire

This document must be fully completed and signed by applicant and applicant's wife (if applicable).

2. Autobiographical sketch

Each applicant is required to submit an autobiography of approximately five hundred (500) words.

NOTE:

This document must be composed by the applicant. This is a textual statement of how the applicant has come to understand his vocation in the context of the events and circumstances of his life.

Include in the autobiography:

1. Family life and relationships outside the family
2. School and work experience
3. Major satisfactions and problems experienced
4. Prayers and faith experiences
5. Anything else you would like us to know about yourself

3. Professional Resume and/or Curriculum Vitae

4. Essay

Addressing the question: "What does the Presbyterate (Priesthood)/Diaconate mean to me?" each applicant is required to submit an essay detailing his understanding of the ministry to which he aspires. Focusing on the Byzantine Catholic Presbyterate (priesthood) or diaconate, the applicant must explain the perceived role of that ministry in the Church, local community, and world. Presbyteral applicants also must include their impression/understanding of what it means to be an eparchial (diocesan) priest in the Byzantine Catholic Metropolitan Church (as opposed to monastic life).

5. Baptismal Certificate

6. Parents' and your Marriage Certificate (if applicable)

7. Recommendation of Pastor

8. Recommendation of two other priests or individuals

9. Two recent photographs

10. Complete academic records (high school and/or college/graduate school)

11. Medical Exam

12. Psychological Assessment

Applicants for the presbyterate/diaconate of our eparchy are required to have a psychological assessment. This report will be used in making admission decisions and in determining whether further counseling is needed for the student. Assessment must include:

- Clinical interview
- Rorschach
- Thematic Appreciation Test and/or other projectives
- MMPI or MMPI-2
- 16 PF and/or other inventories of examiner's choice

The evaluation should include reflections on the following areas:

- The candidate's aptitude for service
- His ego, strengths, emotional resilience, coping patterns, capacity for personal growth
- His self-esteem, affectivity and capacity for intimacy
- His personal autonomy and relations to authority figures
- His psychosexual development and sense of sexual identity
- Any significant aspects of his social history that affect his current functioning
- The authenticity of his stated motivations for priesthood/deaconate
- Any counter-indications to his being suited for priesthood/diaconate or for international studies
- Any specific recommendations for his continued development

This Psychological Assessment is to be forwarded directly by the examiner to the attention of the Director of Vocations at the Office of Vocations *(see page A6 for breakdown of Arch/Eparchial territories and addresses).*

NOTE:

The psychological assessment is an integral part of the application process and must be submitted as part of the initial application. The interview with the Metropolitan/Hierarch will be scheduled only after this assessment has been received.

13. Background Check

III. Interview with Vocations Board

After the above application materials are received, the Director of Vocations will set up a personal interview with the candidate. The interview will be with the Vocations Board. The Vocations Board will complete an interview form and forward it to the Director for the inclusion in the candidate's file.

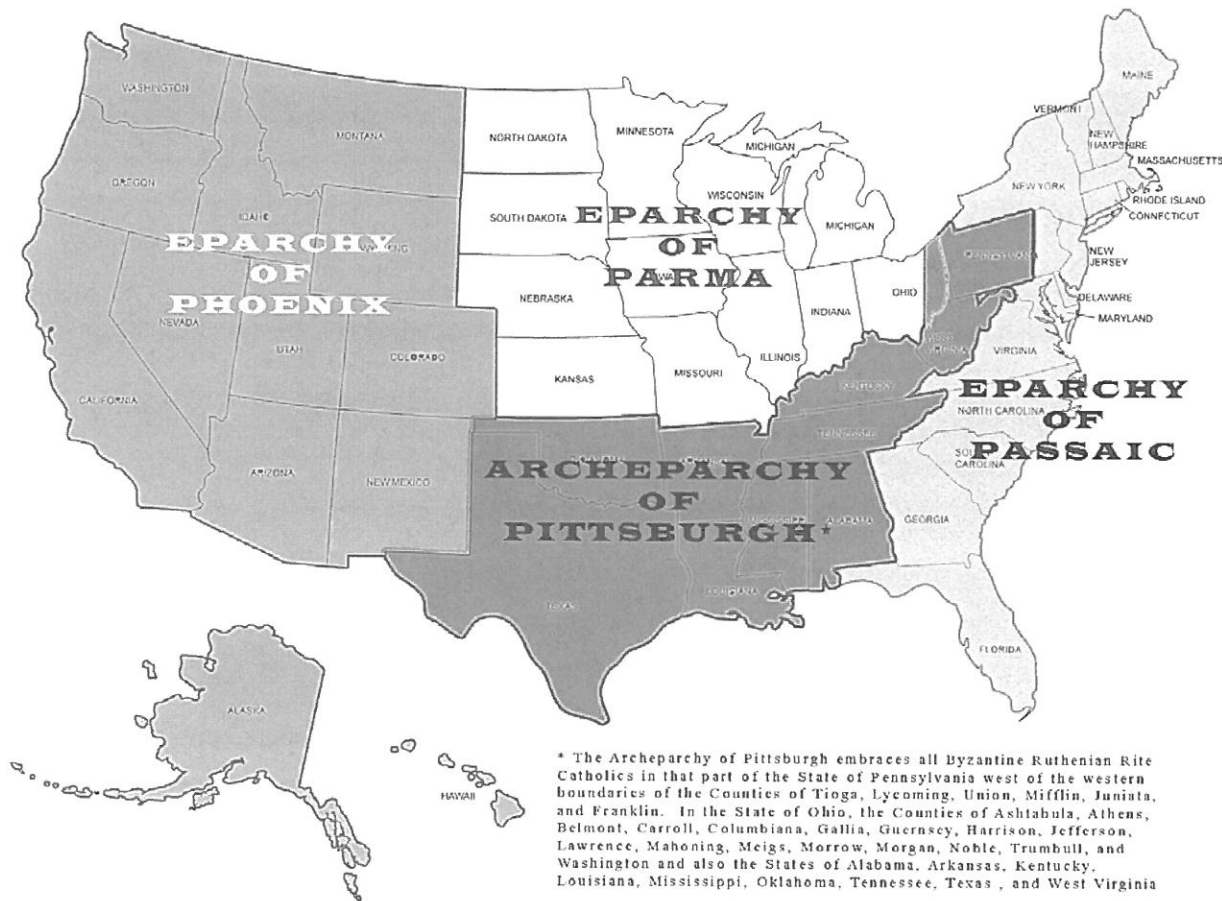
IV. Interview with the Metropolitan/Hierarch

The entire profile of the applicant will then be presented to the Metropolitan/Hierarch. Since it is he who formally accepts an applicant to study for the ministry, the final decision is made by the Metropolitan/Hierarch. After all the materials are received, they are forwarded to the Archbishop along with the Director's recommendations. The Chancery office will set up an appointment with the candidate and the Metropolitan/Hierarch.

V. Decision

The Vocations Director will then contact the applicant to discuss the decision reached by the Metropolitan/Hierarch.

Arch/Eparchial Territories



Based on the applicant's city or state of residence, completed applications and other required materials must be sent to the appropriate arch/eparchy.

All parts of the formal application should be directed to the attention of "Director of Vocations."

Archeparchy of Pittsburgh

Director of Vocations
66 Riverview Avenue
Pittsburgh, PA 15214-2253

Eparchy of Passaic

Director of Vocations
445 Lackawanna Avenue
Woodland Park, NJ 07424

Eparchy of Parma

Director of Vocations
1900 Carlton Road
Parma, OH 44134-3129

Eparchy of Phoenix

Director of Vocations
8105 North 16th Street
Phoenix, AZ 85020-3901

BYZANTINE CATHOLIC METROPOLITAN CHURCH

66 Riverview Avenue | Pittsburgh, PA 15214 | ph. 412-231-4000 | fax 412-231-1697

Confidential Information Questionnaire for Formation Applicant (pages 1-14) **and Wife of Applicant (pages 15-23)**

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Confidential Information Questionnaire for Formation Applicant

Date _____

1. General Information

Name _____
Last First Middle

Address _____
Street _____
City State Zip Code

Telephone _____
Home Work Cellular

E-Mail Address _____ Fax _____

Social Security Number _____

Date of Birth _____ Place of Birth _____
City, State (Country)

Date of Baptism _____

Church (or other place) of Baptism _____

Address _____

Were you baptized previously in a non-Catholic Community Church? ☐ Yes ☐ No

If so, what denomination _____

Date of Chrismation _____

Church (or other place) of Chrismation _____

Address _____

Date of First Divine Eucharist _____

Church (or other place) of First Divine Eucharist _____

Address _____

Ritual Church (Byzantine-Ruthenian, Latin, Chaldean, etc.) _____

Are you a convert? ☐ Yes ☐ No If yes, of how many years? _____

From what denomination(s) _____

Current Parish _____

City/State _____

For how many years have you been active in this parish? _____

Which Catholic priest do you know best? _____

Address _____

Telephone _____

2. Family Background

Father's Name _____
Last First Middle

If living: Telephone _____

Address _____

Date of Birth _____ Place of Birth _____

Catholic? ☐ Yes ☐ No

If yes, what Ritual Church? _____

If no, what religious denomination (or 'none')? _____

Convert to Catholicism? ☐ Yes ☐ No

If yes, from what denomination and when _____

Highest degree completed in school? _____

Occupation _____

Mother's Name _____
Maiden First Middle

If living: Telephone _____

Address _____

Date of Birth _____ Place of Birth _____

Applicant Questionnaire

Catholic? ☐ Yes ☐ No

If yes, what Ritual Church? _____

If no, what religious denomination (or 'none')? _____

Convert to Catholicism? ☐ Yes ☐ No

If yes, from what denomination and when _____

Highest degree completed in school? _____

Occupation _____

If your parents made a "transfer of ritual church," how old were you at the time? _____

Date of Parents' Marriage: _____

Church (or other place) of Parents' Marriage _____

Address _____

If both are living, their current status:

Living together _____ Separated _____ Divorced _____

Father widower _____ Mother widow _____

Father remarried _____ Mother remarried _____

If yes, what is her present name? _____

If either or both parents are deceased, please complete the following:

	Year of death	Age at death	Cause of death
--	---------------	--------------	----------------

Father	_____	_____	_____
--------	-------	-------	-------

Mother	_____	_____	_____
--------	-------	-------	-------

Who should be notified in the event of an emergency?

Name _____

Address _____

Telephone _____ Relation _____

Please list all siblings below:

Name	Brother or Sister	Age	Occupation	Married or Single	Active Catholic?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**THE REMAINDER OF THIS SECTION (2.) IS TO BE COMPLETED BY MARRIED APPLICANTS ONLY.
(Wife of applicant must complete pages 16 – 24 of this application form.)**

Wife's Name _____
Last (Maiden)
First
Middle

Date of Birth _____ Place of Birth _____

Catholic? ☐ Yes ☐ No

If yes, what Ritual Church? _____

If no, what religious denomination (or 'none')? _____

Where does she regularly worship? _____

Highest degree completed in school? _____

Occupation _____

Were you previously married or in a marriage-like relationship? ☐ Yes ☐ No

If yes, in the Church, civil, common law, or other? _____

Name of former spouse/companion _____
Last
First
Middle

Address _____

How was the union ended?

Death _____ Separation _____ Divorce _____ Church Annulment _____

CIVIL Decree/County/State/Date

CHURCH Decree/Eparchy(Diocese)/State/Date *(enclose copy of document)*

If you have children, please give the requested information and place a check mark in the box by the child(ren)'s name(s) who live with you and/or depend on you for financial support.

Name	Son / Daughter	Age	Grade/Occupation	Married / Single	Active Catholic?
<input type="checkbox"/> _____	_____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____	_____

**Please list additional children on the back of this page and also explain any special health or emotional concerns regarding any of your children that may affect your Church ministry.*

3. Personal Health

Height _____ Weight _____

Date of last Physical Examination *(must be within the last six months)*: _____

Personal Primary Physician's Name: _____

Address _____

Telephone _____

Physical challenges and limitations (if any): _____

Applicant Questionnaire

Serious illness (specify type & age; chronic, acute; HIV, hepatitis, epilepsy, cancer, etc.): _____

Serious accidents (specify age): _____

Surgery (specify type and age): _____

Days of work and/or school missed within the last year due to illness: _____

Cause(s) _____

Have you ever used illegal drugs of any kind? ☐ Yes ☐ No

If yes, what kind? _____

How often? _____ When last used? _____

What prescription drug(s) are you taking (if any) and for what reason(s)?

Do you smoke? ☐ Yes ☐ No If yes, how many packs per day? _____

Describe your consumption of alcohol: _____

In regard to the centrality of the Eucharist in the priestly life,
are you able to ingest gluten and alcohol without harm? ☐ Yes ☐ No

If no, explain _____

Mark the following as to how they cause you concern: N = never C = currently P = past

Insomnia _____ Weight _____ Blood pressure _____ Colds _____ Asthma _____

Diabetes _____ Allergies _____ Headaches _____ Nervousness _____ Heart _____

Tiredness _____ Appetite _____ Short breath _____ Sinuses _____ Hearing _____

Eyesight _____ Back _____ Standing _____ Arthritis _____ Gastric _____

Other _____

Applicant Questionnaire

Do you suffer or have you ever suffered from depression or mental illness? ☐ Yes ☐ No

If yes, explain _____

Please give details of any history in your immediate family of mental illness, alcoholism, or drug addiction:

Have you or any member of your immediate family had epilepsy? ☐ Yes ☐ No

Have you ever had any kind of counseling? ☐ Yes ☐ No

If yes, please specify _____

Doctor/Therapist: _____

Address: _____

Telephone: _____

Do you have medical insurance coverage? ☐ Yes ☐ No

If so, please attach a copy of insurance card or other evidence of coverage.

Personal/Family Plan? _____

Company/Firm? _____

Expiration date: _____

4. Religious Background

To which Byzantine Catholic Parish have you belonged for the longest period of time?

Address _____

City/State/Zip _____

For how many years have/had you been active in this parish? _____

Please describe your current normative rule of participation in the following:

Byzantine Catholic liturgical services: _____

Communion _____

Confession _____

Have you had any regular, individual spiritual direction?

☐ Yes

☐ No

If so, for how many years? _____

Who is your spiritual director? _____

Have you ever left the practice of Catholicism for a period of time?

☐ Yes

☐ No

If yes, when, for how long, and why? _____

Have you ever belonged to a Church other than the Catholic Church?

☐ Yes

☐ No

Denomination _____

Time of Conversion _____

Give places of residence where you have lived six months or more after the age of 14 years
(include residence at school, military, etc.):

If you ever have applied to be a candidate for any other eparchy, diocese, religious order, or lay institute, please give the following: 1) Name of eparchy/institute/order; 2) accepted or not accepted; 3) dates entering and leaving; 4) departure or dismissal; and 5) reason for leaving

If you ever have received any of the following, please list the following: 1) Ritual; 2) Date; 3) Place; 4) City; 5) State; and 6) Instituting bishop or ecclesiarch

Tonsure:

Minor Orders:

Major Orders:

Monastic Vows/Religious Profession:

Do you have any relatives who are ordained or in the religious life? ☐ Yes ☐ No

If yes, explain

In the years after baptism, have you committed any of the following: apostasy; heresy; schism; voluntary homicide; cooperation in abortion; attempted suicide; self-mutilation; or deceptively intended solemn performance of an act of holy orders reserved to priests or bishops?

☐ Yes ☐ No

If yes, explain _____

5. Educational Background

Give, in order, the schools you have attended:

Primary School	_____	# of years _____
	_____	# of years _____
	_____	# of years _____

Date of Completion _____

Middle School (if applicable)	_____	# of years _____
	_____	# of years _____

Date of Completion _____

High School	_____	# of years _____
	_____	# of years _____

Date of Graduation _____

Grade point average _____

College/Higher Education	_____	# of years _____
	_____	# of years _____
	_____	# of years _____

Date of Graduation _____

Grade point average _____

Degree(s) earned _____

Major(s)/Minor(s) _____

How many credit hours of theology have you earned? _____

How many credit hours of philosophy have you earned? _____

Which of the following areas have you studied:

____ History of Philosophy ____ Logic ____ Ethics
____ Epistemology ____ Metaphysics ____ Anthropology
____ Philosophy of Nature ____ Natural Theology

Were these studies pursued in a Catholic or Orthodox institution? ☐ Yes ☐ No

What was the last year of study you successfully completed? _____

Has your course of studies been interrupted? ☐ Yes ☐ No

If yes, for how long? _____

Reason for interruption _____

What language(s) do you speak fluently? _____

6. Job Experience (please attach professional resume and/or curriculum vitae)

Current occupation _____

Company/Firm _____

Address _____

Number of years with this company/firm _____

What is your current salary/income? \$ _____ per year

Applicant Questionnaire

Is your employment at this company/firm incompatible with your future role as an ordained minister in the Catholic Church?

☐ Yes ☐ No

If yes, why? _____

Please give the following information regarding past job history beginning with your first paying job: Company/Firm; beginning and ending dates of employment; and type of work

Were you ever terminated from a job? ☐ Yes ☐ No

If yes, indicate the company/firm and the reason for termination:

What trade skills do you possess? _____

Does your family need financial assistance? ☐ Yes ☐ No

Do you have any outstanding debts (car, home, education, etc.)? ☐ Yes ☐ No

If yes, to whom? _____

Amount of total debt? \$ _____

7. Publications and Digital Communications/Entertainment

If you have published books, articles, or the like, answer the following for each:

Name of publication _____

Date of publication _____

Do you have your own website, blog, Facebook page or the like? ☐ Yes ☐ No

If yes, what is the address of each? _____

Of your time each day not spent at sleep, meals, work, school, worship (public and private), and spiritual reading,
what percent is spent using a computer? _____

How many minutes per day on average are spent on the internet? _____

8. Military Record

If you are serving or have served in the Armed Forces, answer the following:

Branch of Service _____

Date of Enlistment _____

Date of Discharge _____

Type of Discharge _____

Rank at Discharge _____

Reason for Discharge _____

Are you serving in the Reserves? ☐ Yes ☐ No

If yes, which Branch of Service? _____

Location of Reserve Unit _____

9. Legal Status

Have you ever been arrested? ☐ Yes ☐ No

If yes, reason for arrest _____

What were the charges? (Please attach copies of court document(s)) _____

Where _____
City County State

Date of arrest _____

How was the case resolved? _____

10. Citizenship

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

If no, state the Country of Citizenship _____

What is your immigration status? _____

If not married, please skip ahead to number 20 (on page 24).

Confidential Information Questionnaire for Wife of Applicant

11. General Information - Wife of Applicant

Name _____
Last First Middle

Address _____
Street

City State Zip Code

Telephone _____
Home Work Cellular

E-Mail Address _____ Fax _____

Social Security Number _____

Date of Birth _____ Place of Birth _____
City, State (Country)

Date of Baptism _____

Church (or other place) of Baptism _____

Address _____

Were you baptized previously in a non-Catholic Community Church? ☐ Yes ☐ No

If so, what denomination _____

Date of Chrismation _____

Church (or other place) of Chrismation _____

Address _____

Date of First Divine Eucharist _____

Church (or other place) of First Divine Eucharist _____

Address _____

Ritual Church (Byzantine-Ruthenian, Latin, Chaldean, etc.) _____

Are you a convert? ☐ Yes ☐ No If yes, of how many years? _____

From what denomination(s) _____

Current Parish _____

City/State _____

For how many years have you been active in this parish? _____

12. Wife's Family Background

Father's Name _____

First

Last	First	Middle
------	-------	--------

If living: Telephone _____

Address _____

Date of Birth _____ Place of Birth _____

Catholic? ☐ Yes ☐ No

If yes, what Ritual Church? _____

If no, what religious denomination (or 'none')? _____

Convert to Catholicism? ☐ Yes ☐ No

If yes, from what denomination and when _____

Highest degree completed in school? _____

Occupation _____

Mother's Name _____

First

Maiden	First	Middle
--------	-------	--------

If living: Telephone _____

Address _____

Date of Birth _____ Place of Birth _____

Catholic? ☐ Yes ☐ No

If yes, what Ritual Church? _____

If no, what religious denomination (or 'none')? _____

Wife's Questionnaire

Convert to Catholicism? ☐ Yes ☐ No

If yes, from what denomination and when _____

Highest degree completed in school? _____

Occupation _____

If your parents made a "transfer of ritual church," how old were you at the time? _____

Date of Parent's Marriage: _____

Church (or other place) of Parent's Marriage _____

Address _____

If both are living, their current state in life:

Living together _____ Separated _____ Divorced _____

Father widower _____ Mother widower _____

Father remarried _____ Mother remarried _____
If yes, what is her present name? _____

If either or both parents are deceased, please complete the following:

	Year of death	Age at death	Cause of death
Father	_____	_____	_____
Mother	_____	_____	_____

Who should be notified in the event of an emergency?

Name _____

Address _____

Telephone _____ Relation _____

Number of brothers _____

Number of sisters _____

Your rank in birth _____

Were you previously married or in a marriage-like relationship? ☐ Yes ☐ No

If yes, in the Church, civil, common law, or other? _____

Name of former spouse/companion _____

Last
First
Middle

Address _____

How was the union ended?

Death _____ Separation _____ Divorce _____ Church Annulment _____

 CIVIL Decree/County/State/Date

 CHURCH Decree/Eparchy(Diocese)/State/Date *(enclose copy)*

13. Wife's Religious Background

To which Byzantine Catholic Parish have you belonged for the longest period of time?

 Address _____

City/State/Zip _____

For how many years have/had you been active in this parish? _____

Please describe your current normative rule of participation in the following:

Byzantine Catholic liturgical services: _____

Communion _____

Confession _____

Have you ever left the practice of Catholicism for a period of time? ☐ Yes ☐ No

If yes, when, for how long, and why? _____

If you have ever received any of the following, please give the following: Ritual; date; place, city, state; and instituting bishop or ecclesiarch

Tonsure: _____

Monastic Vows/Religious Profession: _____

Do you have any relatives who are ordained or in the religious life? ☐ Yes ☐ No

If yes, explain _____

After baptism, have you committed any of the following: apostasy; heresy; schism; voluntary homicide; abortion; attempted suicide; self-mutilation?

☐ Yes ☐ No

If yes, explain _____

14. Wife's Educational Background

Give, in order, the schools you have attended:

Primary School _____ # of years _____

_____ # of years _____

_____ # of years _____

Date of Completion _____

Middle School (if applicable) _____ # of years _____

_____ # of years _____

Date of Completion _____

Wife's Questionnaire

High School

_____ # of years _____

_____ # of years _____

Date of Graduation _____

Grade point average _____

College/Higher Education

_____ # of years _____

_____ # of years _____

_____ # of years _____

Date of Graduation _____

Grade point average _____

Degree(s) earned _____

Major(s)/Minor(s) _____

What language(s) do you speak fluently? _____

15. Wife's Job Experience

Current occupation _____

Company/Firm _____

Address _____

Number of years with this company/firm _____

What is your current salary/income? \$ _____ per year

Is your employment at this company/firm incompatible with your future role as the wife of an ordained minister in the Catholic Church?

☐ Yes

☐ No

If yes, why? _____

Please give the following information regarding past job history beginning with your first paying job: Company/Firm; beginning and ending dates of employment; and type of work

Were you ever terminated from a job? ☐ Yes ☐ No

If yes, indicate the company/firm and the reason for termination:

Do you have any outstanding debts (car, home, education, etc.)? ☐ Yes ☐ No

If yes, to whom? _____

Amount of total debt? \$ _____

16. Wife's Military Record

If you are serving or have served in the Armed Forces, answer the following:

Branch of Service _____

Date of Enlistment _____

Date of Discharge _____

Type of Discharge _____

Rank at Discharge _____

Reason for Discharge _____

Are you serving in the Reserves? ☐ Yes ☐ No

If yes, which Branch of Service? _____

Location of Reserve Unit _____

17. Wife's Legal Status

Have you ever been arrested? ☐ Yes ☐ No

If yes, reason for arrest _____

What were the charges? (Please attach copies of court document(s)) _____

Where _____
City County State

Date of arrest _____

How was the case resolved? _____

18. Wife's Citizenship

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

If no, state the Country of Citizenship _____

What is your immigration status? _____

19. Wife's Medical Information

Personal Primary Physician's Name: _____

Address _____

Telephone _____

Physical challenges and limitations (if any): _____

Serious illness (specify type & age; chronic, acute; HIV, hepatitis, epilepsy, cancer, etc.): _____

Serious accidents (specify age): _____

Surgery (specify type and age): _____

Days of work and/or school missed within the last year due to illness: _____

Cause(s) _____

Have you ever used illegal drugs of any kind? ☐ Yes ☐ No

If yes, what kind? _____

How often? _____ When last used? _____

What prescription drug(s) are you taking (if any) and for what reason(s)?

Do you smoke? ☐ Yes ☐ No If yes, how many packs per day? _____

Describe your consumption of alcohol: _____

Do you suffer or have you ever suffered from depression or mental illness? ☐ Yes ☐ No

If yes, explain _____

Please give details of any history in your immediate family of mental illness, alcoholism, or drug addiction:

20. Signature(s) and Notarization by Church Official

Your Grace,

I / We do hereby swear and affirm that all the answers and information provided above are true. I / We do further grant release for the content of the application to be shared with parties directly associated with formation advancement (i.e. Vocation Review Board members, Seminary Admissions Board members, Monastery Admissions Board members, as applicable) as needed now or in the future.

Signature of Applicant

Date

Signature of Wife *(if applicable)*

Date