CATHOLIC DIOCESE OF WICHITA

Diocesan Application

Part I: Seminarian Information

Please fill in this form by typing in the spaces provided. Carefully review your responses before printing this and the other forms in this packet. You will not be able to electronically save the information filled on this form. Kindly consider printing an extra copy for your own records.

Last Name First Name Middle Name

Does the above name agree with your baptismal record? ☐ Yes ☐ No

If no, please explain: _____

Preferred Name

Date of Birth mm/dd/yy City County State

Current Parish

Social Security Number Driver License Number State

Home Phone Number (including area code) Cell Phone Number (including area code)

Home Street Address City

State Zip County

Present Street Address (if different from above) City

State Zip County

Present Phone Number (including area code) Email Address

Part II: Photographs

Please attach two (2" x 3") photos of applicant in the space provided below.

Place photo here.

Place photo here.

Part III: Family Information

Father's First Name | Middle Initial | Last Name

Street Address (if different than your home address)

City | State | Zip

Home Phone Number (including area code)

Cell Phone Number (including area code)

Religion

Email Address

Current Parish

Occupation

Mother's First Name | Middle Initial | Last Name

Street Address (if different than your home address)

City | State | Zip

Home Phone Number (including area code)

Cell Phone Number (including area code)

Religion

Email Address

Current Parish

Occupation

Part III: Family Information

Please list from oldest to youngest.

Sibling's First Name | Middle Initial | Last Name

Sibling's First Name | Middle Initial | Last Name

Sibling's First Name | Middle Initial | Last Name

Sibling's First Name | Middle Initial | Last Name

Sibling's First Name | Middle Initial | Last Name

Sibling's First Name | Middle Initial | Last Name

Sibling's First Name | Middle Initial | Last Name

Sibling's First Name | Middle Initial | Last Name

Sibling's First Name | Middle Initial | Last Name

Sibling's First Name | Middle Initial | Last Name

The above information is for emergency contact purposes. If you wish to omit any or all of the information, you may choose to do so. The information will not be shared with sources outside of the Diocese of Wichita, KS.

Part IV: Educational History

Please list the schools you have attended in chronological order. Give the inclusive dates of attendance (month & year).

Name of School	*City, State*	*From*	*To*

If you have not yet earned a college degree, but are working toward one, please give the following information:

Type of Degree _____ Educational Institution _____

Major _____ Minor (if any) _____

Date Degree to be conferred _____

Please list the degrees you have earned:

Degree	*From Educational Institution*	*Date*	*Majo*

High School GPA: _____ ACT Score: _____ College GPA: _____

Part V: Employment/Professional Background Data

Please give information concerning previous employment and professional positions held beginning with most recent. (You may attach an additional sheet if necessary.)

Place of employment	*Location (City, State)*	*Dates*	*Position*	*Reason for Leaving*

Part VI: General Inquiry

1. Have there been serious problems in your immediate family such as a history of depression, anxiety or other mental illness, alcoholism, drugs, gambling, or sexual abuse? _____

Please describe. _____

2. Do you have any physical limitations which would prevent you from performing your duties as a priest? _____

If so, explain: _____

3. Have you ever previously applied to the Diocese of Wichita or any other diocese or religious congregation for admission to seminary? _____ If yes, please explain when, with whom, and the outcome of the application process.

_____

4. Have you ever been asked to leave a seminary or religious community? _____

If yes, explain: _____

5. Has a civil complaint (e.g., a complaint at work in a volunteer setting) or a criminal complaint ever been filed against you alleging sexual misconduct or that you helped facilitate sexual misconduct by another person? _____

Please describe. _____

6. Has a civil or criminal complaint ever been filed against you alleging child abuse or that you helped facilitate the abuse of a child by someone else? _____

Please describe. _____

7. Has a civil or criminal complaint ever been filed against you alleging that you physically or sexually abused another person? _____

Please describe. _____

_____

8. Have you ever been arrested? _____

Please describe. _____

_____

9. Have you ever been convicted of a crime? _____

Please describe. _____

_____

10. Have you ever been convicted of physical or sexual abuse of another person? _____

Please describe. _____

_____

11. Please explain the circumstances of your conviction(s) including when and where you were convicted, your age at time of arrest, the sentence you received and whether or not you were incarcerated.

_____

12. Please provide the names and mailing addresses for two priests who would recommend you for admission to the seminary:

_____

_____

Part VII: Canonical Status

The following pertain to your canonical status according to the Roman Catholic Church and require dispensation before ordination can occur.

1. Psychological/Physical Limitations:
   - 1a. Have you ever committed yourself to or been committed to a psychiatric facility? ☐ Yes ☐ No
   - 1b. Have you ever been treated for any reason by a mental health care professional? ☐ Yes ☐ No
   - 1c. Have you ever been prescribed medication for a mental or emotional condition? ☐ Yes ☐ No
   - 1e. Have you ever been diagnosed or treated for alcoholism? ☐ Yes ☐ No
   - 1e. Do you possess an allergic condition to gluten (wheat)? ☐ Yes ☐ No
2. Apostasy, heresy, or schism:
   - 2a. Have you ever abandoned the Christian religion? ☐ Yes ☐ No
   - 2b. Have you ever denied or held an opinion contrary to the teachings of the Church with regard to faith or morals? ☐ Yes ☐ No
   - 2c. Have you ever abandoned the Catholic Church and joined a religious denomination by a formal act? ☐ Yes ☐ No
3. Have you ever been entered into a marriage either civily or in a religious ceremony? ☐ Yes ☐ No
   - 3a. If Yes, has a civil decree of divorce been obtained for this union? ☐ Yes ☐ No
   - 3b. If Yes, has a decree of nullity been granted by an ecclesiastical tribunal or a dissolution of the bond been granted by a competent ecclesiastical authority? ☐ Yes ☐ No
   - 3c. If Yes, were any children produced from this union? ☐ Yes ☐ No
   - 3d. If Yes, and the children have not yet reached majority, has provision been made for their spiritual and material needs? ☐ Yes ☐ No
   - 3e. Do you have responsibility for a former spouse or children rising from natural obligations? ☐ Yes ☐ No
   - 3f. If Yes, are you fulfilling these obligations? ☐ Yes ☐ No
4. Have you ever taken vows in a religious institute? ☐ Yes ☐ No
5. Voluntary homicide or abortion:
   - 5a. Have you ever been involved in taking another human life? ☐ Yes ☐ No
   - 5b. Have you ever assisted another to procure an abortion, to perform an abortion, or to cooperate in obtaining an abortion for another person? ☐ Yes ☐ No
6. Have you ever attempted suicide, self-mutilation, or the mutilation of another? ☐ Yes ☐ No
7. Have you ever impersonated a deacon, priest or bishop in a religious ceremony? ☐ Yes ☐ No
8. Have you ever incurred an ecclesiastical penalty (excommunication, interdiction)? ☐ Yes ☐ No

Part VIII: Financial Status

Please list any outstanding debts you are currently responsible for:

☐ Student Loan(s) Approximate $ _____

☐ Credit Card(s) Approximate $ _____

☐ Other - i.e.,

- Car Loan Approximate $ _____
- Medical/Dental Approximate $ _____
- Mortgage Approximate $ _____
- Misc. Approximate $ _____

Part IX: Medical Insurance

Name of Insurance Company

Expiration Date of Policy

Street Address City

Name of Policy Holder if not Self State Zip

Policy Number

Address of Policy Holder

Telephone Number of Company (including area code)

City State Zip

Part X: Auto Insurance

Type of Automobile:

Make Model Year Color

License Plate Number

State

Name of Insurance Company

Street Address of Company City

State Zip

Policy Number

Starting Date of Policy

Telephone Number of Company (including area code)

Name of Policy Holder if not Self

Address