

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).

<i>Name of School</i>	<i>City, State</i>	<i>From</i>	<i>To</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:

<i>Degree</i>	<i>From Educational Institution</i>	<i>Date</i>	<i>Major</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.)

<i>Place of employment</i>	<i>Location (City, State)</i>	<i>Dates</i>	<i>Position</i>	<i>Reason for Leaving</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 civilly or in a religious ceremony?

- 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