

CLERGY RECORD FORM

Full Name _____ Social Security Number _____

D/O/B _____ Place of Birth _____ Canonically Resident in Diocese of _____

Postulant: Date Accepted _____ From Parish _____
By Bishop _____ of Diocese of _____

Candidate: Date _____ by Bishop _____ of Diocese of _____

ORDINATIONS

Deacon: Date _____ by Bishop _____ of Diocese of _____
Church _____ City _____ State _____

Priest: Date _____ by Bishop _____ of Diocese of _____
Church _____ City _____ State _____

EDUCATION

Degrees: _____

CHURCHES SERVED

Church	City	Diocese	Year(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Military Service: Years _____ Branch _____ Rank _____

FAMILY INFORMATION

Spouse: Name _____ Birth Date _____ Anniversary _____

Children: Name _____ Birth Date _____

Home Address: _____ Phone: () _____
_____ Email _____

Church Address: _____ Phone: () _____
_____ Email: _____

DIOCESAN RECORD (To be filled out by the Diocesan Office).

Date Letter Dimissory Received _____ From Diocese of _____

Date Left Diocese of Florida _____ Letter Dimissory Sent to Diocese of _____

Present Address: _____

Other information: _____