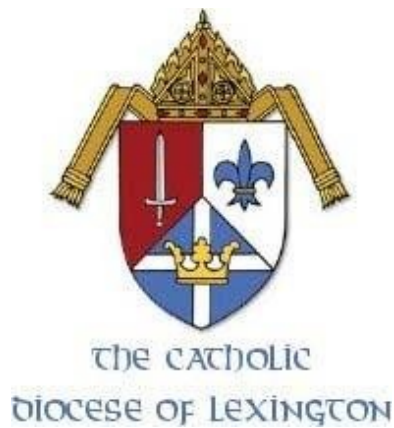


**CATHOLIC DIOCESE  
OF LEXINGTON  
SEMINARIAN  
APPLICATION FORM**



# CATHOLIC DIOCESE OF LEXINGTON SEMINARIAN APPLICATION FORM

## SECTION I: PERSONAL INFORMATION

Name:	<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>
Birth date: ____/____/____	Age: _____	SSN: _____	
Street Address: _____			
City: _____		State: _____	ZIP: _____
Home Phone: _____	Cell Phone: _____	Work Phone: _____	
Email Address: _____			

## SECTION II: SACRAMENTAL INFORMATION

<i>Present Parish</i>	
Church: _____	Pastor: _____
Diocese: _____	Address: _____

<i>Baptism</i>	
Date: _____	Church: _____
Diocese: _____	Address: _____
<i>Please provide a copy of your baptismal certificate.</i>	

<i>Confirmation</i>	
Date: _____	Church: _____
Diocese: _____	Address: _____
<i>Please provide a copy of your confirmation certificate.</i>	

<i>Orders / Diaconate</i>	
Date: _____	Ordaining Bishop: _____
Diocese: _____	Address: _____

Marriage		
Have you ever been married either in a civil or religious ceremony? <input type="checkbox"/> Yes / <input type="checkbox"/> No		
If "yes," is she living? <input type="checkbox"/> Yes / <input type="checkbox"/> No		
Her Name:		
Street Address:		Phone :
City:	State:	ZIP:
Have you received an annulment from the Church? <input type="checkbox"/> Yes / <input type="checkbox"/> No		
<i>If so, please provide a letter of notification from the Matrimonial Tribunal and sign the release form for the Final Sentence of the Matrimonial Tribunal.</i>		

### SECTION III: CANONICAL IMPEDIMENTS AND IRREGULARITIES

According to Canon Law, in order for a man to be admitted to seminary training, the seminarian must be free of all impediments and irregularities for Holy Orders. Canon 1040 states, "those affected by any impediments, whether perpetual, which is called an irregularity, or simple, are prevented from receiving orders. The only impediments and irregularities incurred are contained in the following canons."

Canon 1041: The following are irregular for receiving orders:

- 1) A person who labors under some form of amentia or other psychic illness due to which, after experts have been consulted, he is judged unqualified to fulfill the ministry properly;
- 2) A person who has committed the delict of apostasy, heresy, or schism;
- 3) A person who has attempted marriage, even only civilly, while either impeded personally from entering marriage by a matrimonial bond, sacred orders, or public vow of chastity, or with a woman bound by a valid marriage or restricted by the same type of vow;
- 4) A person who has committed voluntary homicide or procured a completed abortion and all those who positively cooperated;
- 5) A person who has mutilated himself or another gravely and maliciously or who has attempted suicide (this includes vasectomy);
- 6) A person who has placed an act of orders reserved to those in the order of episcopate or presbyterate while either lacking that order or prohibited from its exercise by some declared or imposed canonical penalty.

Canon 1042: The following are simply impeded from receiving orders:

- 1) A man who has a wife, unless he is legitimately destined to the permanent diaconate;
- 2) A person who exercises an office or administration forbidden to clerics according to the norm of cann. 285 and 286 for which he must render an account, until he becomes free by having relinquished the office or administration and rendered the account.

I attest that I have read the above-mentioned Canons and I declare of my own free will, that I have not incurred any of these impediments and/or irregularities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION IV: FAMILY INFORMATION

<i>Parents</i>			
Father's Name:			<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Religion:		Occupation:	
Street Address / PO Box:			
City:	State:	ZIP:	Phone:
Mother's Name / Maiden Name			<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Religion:		Occupation:	
Street Address / PO Box:			
City:	State:	ZIP:	Phone:

<i>Step Parents (If Applicable)</i>			
Name:			<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Religion:		Occupation:	
Street Address / PO Box:			
City:	State:	ZIP:	Phone:
Name:			<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Religion:		Occupation:	
Street Address / PO Box:			
City:	State:	ZIP:	Phone:

<i>Siblings (Oldest First)</i>		
Name	Age	Residence (City, State)

**SECTION V: DEPENDENTS**

Do you have any children or other dependents? <input type="checkbox"/> Yes / <input type="checkbox"/> No		
Name:	Age:	Relation:
Name:	Age:	Relation:
Name:	Age:	Relation:
Name:	Age:	Relation:
Do you have any financial responsibilities to these dependents? <input type="checkbox"/> Yes / <input type="checkbox"/> No		
If "yes," please elaborate.		

**SECTION VI: EDUCATION**

Please mark the highest level of education you have completed :	
<input type="checkbox"/> High School Degree	<input type="checkbox"/> Some College Hours <input type="checkbox"/> College Degree
<input type="checkbox"/> Some Graduate School	<input type="checkbox"/> Graduate Degree
Do you have any college or graduate hours in Philosophy? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Number of hours:
Do you have any college or graduate hours in Theology? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Number of hours:

<i>High School</i>	
School:	Date of Graduation:
Address:	GPA:

<i>College (1)</i>	
College / Univ.:	Dates Attended:
Address:	Major:
	Minor:
Degree:	GPA:

<i>College (2)</i>	
College / Univ.:	Dates Attended:
Address:	Major:
	Minor:
Degree:	GPA:

<i>Graduate / Professional School (1)</i>	
College / Univ.:	Dates Attended:
Address:	Degree:
Area of Study:	

<i>Graduate / Professional School (2)</i>	
College / Univ.:	Dates Attended:
Address:	Degree:
Area of Study:	

Please list the languages besides English that you speak or read.	

## SECTION VII: COUNTRY OF CITIZENSHIP

Are you a citizen of the United States of America? <input type="checkbox"/> Yes / <input type="checkbox"/> No		
What is your native language?		
If no:	Of what country are you a citizen?	
	Do you have a visa for your stay in the United States? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
	<table border="1"> <tr> <td>Visa Type:</td> <td>Visa Number:</td> </tr> </table>	Visa Type:
Visa Type:	Visa Number:	
<i>Please provide a copy of your visa with your application.</i>		

## SECTION VIII: EMPLOYMENT HISTORY

(1) Dates of Employment:	Employer:
Job Description:	Address:
Supervisor:	Phone:

(2) Dates of Employment:	Employer:
Job Description:	Address:
Supervisor:	Phone:

(3)Dates of Employment:	Employer:
Job Description:	Address:
Supervisor:	Phone:

Do you give us permission to contact your present and former employers?  
☐ Yes / ☐ No Please Initial\_\_\_\_\_

Have you ever been fired from a job or dismissed from a voluntary position?	
<input type="checkbox"/>	Yes / <input type="checkbox"/> No
If "yes," please elaborate:	

## SECTION IX: SERVICE IN THE ARMED FORCES

Have you ever served in the Armed Forces? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Branch of Service:	
Date of Induction:	Date of Discharge:
Rank:	Type of Discharge:
Are you presently in the Reserves of the Armed Forces? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
<i>Please submit a copy of your military discharge.</i>	

## SECTION X: AWARDS AND HONORS

Please list any significant awards or honors that you have received.	

## SECTION XI: PERSONAL DEBT

Do you have any major outstanding debts that would cause difficulty were you to enter the seminary? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
If "yes," please elaborate:	

Do you rent or own your current residence?	<input type="checkbox"/> Rent / <input type="checkbox"/> Own
What is your average rent or mortgage payment per month? \$	



Have you ever been turned down for admission by another diocese or religious order?

☐ Yes / ☐ No

If "yes," please elaborate:

Have you ever been a postulant, novice, or professed religious; or a seminarian for another diocese?

☐ Yes / ☐ No

If "yes," please elaborate:

Do you have a history of illicit drug use? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Do you consume alcohol? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Do you smoke? <input type="checkbox"/> Yes / <input type="checkbox"/> No
Have you ever been involved in a chemical dependency or substance abuse program? <input type="checkbox"/> Yes / <input type="checkbox"/> No		
If "yes" to any of the above, please elaborate.		

## SECTION XIV: CRIMINAL RECORD

Have you ever been arrested or do you have a criminal record?	<input type="checkbox"/>	Yes /	<input type="checkbox"/>	No
If “yes,” please explain:				

## SECTION XV: DISCUSSION QUESTIONNAIRE

(If the need arises, you may use separate sheets of paper for your answers)

1. How are you involved in any ministry or service for your parish or others?

2. Were you born into or raised in a church or ecclesial community other than the Roman Catholic Church? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Have you ever been away from the Church for a period of time? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
If “yes” to any of the above questions, please elaborate.	

### 3. Frequency of Sacraments and Prayer.

Eucharist	<input type="checkbox"/>	Daily /	<input type="checkbox"/>	Almost Daily /	<input type="checkbox"/>	Weekly /	<input type="checkbox"/>	Monthly
Reconciliation	<input type="checkbox"/>	Every 1-2 Weeks /	<input type="checkbox"/>	Monthly /	<input type="checkbox"/>	Several Times Per Year		
Personal Prayer	<input type="checkbox"/>	Daily /	<input type="checkbox"/>	Almost Daily /	<input type="checkbox"/>	Weekly /	<input type="checkbox"/>	Monthly
Spiritual Reading	<input type="checkbox"/>	Daily /	<input type="checkbox"/>	Almost Daily /	<input type="checkbox"/>	Weekly /	<input type="checkbox"/>	Monthly

4. What excites you the most about the possibility of being ordained a priest?

[illegible]

5. What concerns you the most about the possibility of being ordained a priest?

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6. What is your understanding of obedience to the Bishop of the diocese?

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7. What is your understanding of celibacy?

8. How do you understand the role of the priest in today's society? What makes him different from other helping professions, i.e. doctors, lawyers, social workers, teachers?

9. What is your response to the emerging role of the laity in Church ministry?

10. What is your family's response to your decision to enter the seminary?

11. Name persons encouraging you to pursue studies for the priesthood.

12. Please list some of your hobbies and/or pastimes.

13. How would you describe your social life, including your dating history?

14. List titles of some significant books you have read or are reading.

15. How do you think a seminarian should relate to female friends and co-workers?

16. If you do not live within the territory of the diocese of Lexington, would you please tell us why you chose to apply to our diocese?

17. What do you see as potential areas of personal growth?

18. Are there any other self-disclosures you would like to make in order to help the diocese have a better understanding of you?

## SECTION XVI: WEB SITES

Do you have a “blog,” “Facebook,” other social networks or websites that you maintain? ☐ Yes / ☐ No

If “yes,” please give the site addresses:

http:// \_\_\_\_\_  
http:// \_\_\_\_\_  
http:// \_\_\_\_\_  
http:// \_\_\_\_\_

## SECTION XVII: AUTOBIOGRAPHY

Please write a 5-7 page typed, double spaced autobiography.

The autobiography should include: chronological history of your life; brief description of your relationship with parents, family members, and other people significant to you; significant events in your life; how your relationship with God has grown; and aspects of your spiritual journey that has led you to apply to the seminary.

## SECTION XVIII: REFERENCES

Please list names and addresses of six persons who would be willing to write a letter of recommendation for you. One of these must be your pastor of the parish that you attend.

Pastor:			
Street Address / PO Box:			
City:	State:	ZIP:	Phone:

Name:			
Street Address / PO Box:			
City:	State:	ZIP:	Phone:

Name:			
Street Address / PO Box:			
City:	State:	ZIP:	Phone:

Name:			
Street Address / PO Box:			
City:	State:	ZIP:	Phone:

Name:			
Street Address / PO Box:			
City:	State:	ZIP:	Phone:

Name:			
Street Address / PO Box:			
City:	State:	ZIP:	Phone:

Do you give us permission to contact these references?	
<input type="checkbox"/> Yes / <input type="checkbox"/> No	Please Initial

#### SECTION XIX: DOCUMENTS WHICH MUST ACCOMPANY THIS APPLICATION

- Baptismal Certificate
- Confirmation Certificate
- Autobiography
- High School, College, and Graduate School Transcripts (to be sent directly to the Vocations Office)
- Passport Size Photograph
- Copy of your visa (when applicable)
- Notification from Marriage Tribunal (when applicable)
- Signed release form for Final Sentence of the Marriage Tribunal (when applicable)
- Copy of Military Discharge (when applicable)



## SECTIONXX: CERTIFICATION AND AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

By signing this application form, I certify that the information provided on this application form and additional application materials are, to the best of my knowledge, true and complete and may be verified by the Diocese of Lexington. I understand that my application materials include, but are not limited to confidential information such as prior or current employment records; judicial records; criminal and sex offender background records; financial records; medical records; educational records; records from an (arch)diocese(s) or religious order(s) with whom I have previously made an application, or been accepted by; letters of recommendation; and other information pertinent to the matters addressed in this application form whether this information is provided by me or is received from another source. (This does not include your psychological evaluation, which will be addressed in another release and consent form). I further understand that these materials will not be returned to me.

I hereby authorize the Diocese of Lexington (including but not limited to the Bishop of Lexington, the Director of Vocations, and their delegates) to have access to and to use any and all of my application and application materials. I understand that the purpose of the application and application materials is to evaluate my fitness for the priestly formation program and for possible ordination to the priesthood, all in an effort to assist the Bishop in acting on behalf of the good of the entire Church.

I hereby authorize the Diocese of Lexington to release copies of my application and application materials to any seminary designated by the Diocese of Lexington and to discuss my priestly formation with officials of such seminary. I also authorize the Diocese of Lexington to release my application materials to any diocese or religious congregation to which I may in the future apply for priesthood, diaconate or consecrated religious life.

I further release the Diocese of Lexington, its employees, volunteers, agents, and all those who receive my application or application materials hereunder from any and all liability arising from, or relating to, their use of such application and application materials.

Finally, I swear that there is nothing in my past or current behavior that would render me a danger to minor children or others with reference to physical or sexual abuse by me. I make this statement as a part of my application for acceptance into the priestly formation program for the Diocese of Lexington.

Signature: _____	Date: _____
Signature of Notary Public: _____ My Commission Expires: _____	Date: _____

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Please mail or return this application to:

**Fr. Danny Taylor**

Director of Vocations  
Catholic Diocese of Lexington  
The Catholic Center  
1310 West Main Street  
Lexington, KY 40508-2040