RECORD OF PRIESTS

Archdiocese of Miami



PLEASE TYPE OR PRINT

Full Name		Tel:		
I. Personal Informati	on			
Date of Birth		City / Country		
Date of Baptism		Place		
Social Security Number	r			
Next of Kin:	Full Name			
	Address			
	Telephone			
Last Will:	Where is the original c	opy of your Last Will filed?		
Executor:	Full Name			
	Address			
	Telephone			
Father's Name				
Father's Religion		Father's date of death (if applicable)		
Mother's Maiden Nam	e			
Mother's Religion		Mother's date of death (if applicable)		
Date of Ordination		Ordaining Prelate		
Original Incardination	(Diocese or Relig	Date gious Institute)		
Current Incardination	Incardination Date Date			
Ordinary or Provincial				
Current Assignment				

☐ US Citizen ☐ US Resident Other Nationality	Type of Visa
II. Education	
Grade School	
Name	City / Country
Dates (From - To)	Degree
High School	
Name	City / Country
Dates (From - To)	Degree
College	
Name	City / Country
Dates (From - To)	Degree
SEMINARY / Philosophy	
School	
Name	City / Country
Dates (From - To)	Degree
SEMINARY / Theology	
School	
Name	City / Country
Dates (From - To)	Degree
Post Ordination Studies	
School	
Name	City / Country
Dates (From - To)	Degree

Other Academic Deg	1662						
Institution		Degree			Date		
Honorary Degrees Institution					Date		
Non-Degree Training	, ,	-				_	
Native Language							
Other Languages							
Ctrici Lunguages	English	Spanish	Creole	French	Portuguese	Other	
UNDERSTAND		<u> </u>					
READ							
SPEAK (Preach)							
III. List your assignmen			the Archdioce	ese of Miami.			
Date (From/To) Po		cion Church / Institutio		City / Country			
	,						

Military Service Date (From/To)	Branch / Rank				
Ecclesiastical Honors Date	Institution				
Information not covered	above				
IV. Please answer the follo					
What are your specific	reasons for choosing the Archdiocese of Miami to exercise your priestly ministry?				
2. Do you have special tra	aining or experience for particular apostolates (e.g. Youth, Hospital, Chaplaincy, Teaching, Parish)?				
3. Are there any apostola	ates you prefer not to engage in? Please name them.				
4. Do you have any serio	us health problems for which you are presently under a doctor's care? Explain.				

5. 	If you were accepted for Archbishop gives you? (V) the Archbishop in consultation	Vhile assignments are i	not made arbitrarily	, their necessity and usefulr	
6.	E-Mail Communications:		_ I do not	use e-mail.	
	You may send me "genero	ıl" e-mail to:			-
	You may send me "persor	nal" e-mail to:			-
7.	Mobile Phone:				
	Please enclose a photograp		,		mail.
	5 u cui oi				
	NDLY COMPLETE THIS FO LOW:	ORM AS QUICKLY A	s possible and	RETURN BY ONE OF T	HE METHODS LISTED
Ma	il:	Chancellors' Office 9401 Biscayne Bou			
Fax	C	305-754-1897			