

# APPENDIXES

APPENDIX 1:  
SAMPLE APPLICATION FOR ADMISSION  
TO PRE-INTERNAL SEMINARY

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PHYSICIAN'S REPORT

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SAMPLE RELEASE FORM

Appendix 1

# Sample Application for Admission to Pre-Internal Seminary

**Congregation of the Mission**  
**(address)**  
**(phone)**

**PERSONAL PROFILE**

**Date:** \_\_\_\_\_

1. Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

2. Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
Place: \_\_\_\_\_

3. Citizenship: \_\_\_\_\_  
If naturalized, give date: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

4. What is your first language? \_\_\_\_\_  
Are you fluent in a second language? Yes:  No:   
If yes, what is that language? \_\_\_\_\_

5. Are you a convert? Yes:  No:  If so state:  
Previous religion or denomination: \_\_\_\_\_  
Date of reception into the Church: \_\_\_\_\_

6. Home Parish: \_\_\_\_\_  
Address: \_\_\_\_\_

7. Were you ever in the military service? Yes:  No:   
If so, what branch? \_\_\_\_\_  
During what years? \_\_\_\_\_ to \_\_\_\_\_

8. Have you ever been arrested and/or been involved in criminal proceedings  
in your home country, another country, or the USA? Yes:  No:   
If so, when (give all dates, if more than once)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



In case of emergency, the Congregation of the Mission should contact the following:

- a) Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number (Area Code first): \_\_\_\_\_  
 Relationship: \_\_\_\_\_
- b) Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number (Area Code first): \_\_\_\_\_  
 Relationship: \_\_\_\_\_

**EDUCATION**

1. Secondary Schools: \_\_\_\_\_  
 \_\_\_\_\_  
 (CITY AND STATE)  
 Dates: \_\_\_\_\_ to \_\_\_\_\_

2. Universities:

- a) \_\_\_\_\_  
 \_\_\_\_\_  
 (NAME)  
 \_\_\_\_\_  
 (CITY AND STATE)  
 Dates: \_\_\_\_\_ to \_\_\_\_\_
- b) \_\_\_\_\_  
 \_\_\_\_\_  
 (NAME)  
 \_\_\_\_\_  
 (CITY AND STATE)  
 Dates: \_\_\_\_\_ to \_\_\_\_\_  
 Degree: \_\_\_\_\_ Year: \_\_\_\_\_

3. Please name and describe your extracurricular activities participated in during secondary school or university:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Please indicate any offices you held in these activities:  
 \_\_\_\_\_ Dates \_\_\_\_\_  
 \_\_\_\_\_ Dates \_\_\_\_\_  
 \_\_\_\_\_ Dates \_\_\_\_\_

5. Please list any previous seminaries to which you applied but did not attend:

\_\_\_\_\_ Dates \_\_\_\_\_  
 \_\_\_\_\_ Dates \_\_\_\_\_  
 \_\_\_\_\_ Dates \_\_\_\_\_

6. Please list any previous seminaries you attended:

\_\_\_\_\_ Dates \_\_\_\_\_  
 \_\_\_\_\_ Dates \_\_\_\_\_  
 \_\_\_\_\_ Dates \_\_\_\_\_

7. Have you participated in the rite of candidacy? Yes:  No:

If yes, Diocese: \_\_\_\_\_ Date: \_\_\_\_\_

8. Have you been admitted to the ministry of lector? Yes:  No:

If yes, Place: \_\_\_\_\_ Date: \_\_\_\_\_

9. Have you been admitted to the ministry of acolyte? Yes:  No:

If yes, Place: \_\_\_\_\_ Date: \_\_\_\_\_

10. Have you been ordained to holy orders? Yes:  No:

If yes, Place: \_\_\_\_\_ Date: \_\_\_\_\_

11. Have you ever attended and/or completed a novitiate? Yes:  No:

If yes, Congregation: \_\_\_\_\_ Dates: \_\_\_\_\_

12. Have you ever pronounced vows in a religious congregation?

Yes:  No:

If yes, Congregation: \_\_\_\_\_ Dates: \_\_\_\_\_

**MEDICAL INFORMATION**

1. Are you allergic to any medicines or foods? Yes:  No:

If so, please explain: \_\_\_\_\_

2. Do you need a special diet? Yes:  No:

If so, please explain: \_\_\_\_\_

3. Do you need any continuing medication for any health problems?

Yes:  No:

If so, please explain: \_\_\_\_\_

4. Is there any other medical information that the administration at the Congregation of the Mission should know about you and your health?

Yes:  No:

If so, please explain: \_\_\_\_\_

**5. Insurance Coverage (all candidates must have health insurance coverage):**

a) Do you have your own plan? Yes:  No:

If so, what company? \_\_\_\_\_

Which plan? \_\_\_\_\_

b) Do you wish to apply for insurance, if possible,  
through the Congregation of the Mission? Yes:  No:

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