Byzantine Catholic Metropolitan Church

Archeeparchy of Pittsburgh Office of Vocations
66 Riverview Avenue | Pittsburgh, PA 15214

Most Reverend William C. Skurla, D.D.
Metropolitan Archbishop

Very Reverend Archpriest Dennis M. Bogda
Director of Vocations
Procedure for Application as a Candidate for the Priesthood or Diaconate in the Byzantine Catholic Metropolitan Church

I. Initial Contact

II. Application

1. Confidential Information Questionnaire
2. Autobiographical sketch
3. Professional Resume and/or Curriculum Vitae
4. Essay
5. Baptismal Certificate
6. Parents’ and your Marriage Certificate (if applicable)
7. Recommendation of Pastor
8. Recommendation of two other priests or individuals
9. Two Recent Photographs
10. Complete academic records (high school or college/graduate school)
11. Medical Exam
12. Psychological Assessment
13. Background Check

III. Interview with Vocations Board

IV. Interview with the Metropolitan/Hierarch

V. Decision

Arch/Eparchial Territories

I. Initial Contact

Initial contact may be made with the Director of Vocations or any priest in the Metropolitan Church. Once contact is made, the name and address of the inquirer is sent to the Director of Vocations. The Director will have an initial interview with the candidate. He then will send the application materials and work with the candidate through the process. The Director of Vocations then will begin building a profile on the applicant.

NOTE:

At this point, if the Vocations Director has any reservations about the candidate, he will ask another priest of the Metropolitan Church to interview the applicant. If the Vocations team concludes that an applicant is not the kind of person who will be able to function ministerially, the Admissions Process will be terminated and the applicant will be notified by the Director of Vocations.

Instances as described above will be rare. The termination clause is inserted in case of glaring deficiencies in an applicant and to eliminate the prolonging of the process in light of these obstacles.

It therefore might be advisable “at this time in his life” to suggest that an applicant proceed with another course of action before initiating a formal application.
II. Application
All parts of the formal application must be completed by the candidate. These sections include:

1. Confidential Information Questionnaire
   This document must be fully completed and signed by applicant and applicant’s wife (if applicable).

2. Autobiographical sketch
   Each applicant is required to submit an autobiography of approximately five hundred (500) words.

   NOTE:
   This document must be composed by the applicant. This is a textual statement of how the applicant has come to understand his vocation in the context of the events and circumstances of his life.

   Include in the autobiography:

   1. Family life and relationships outside the family
   2. School and work experience
   3. Major satisfactions and problems experienced
   4. Prayers and faith experiences
   5. Anything else you would like us to know about yourself

3. Professional Resume and/or Curriculum Vitae

4. Essay
   Addressing the question: “What does the Presbyterate (Priesthood)/Diaconate mean to me?” each applicant is required to submit an essay detailing his understanding of the ministry to which he aspires. Focusing on the Byzantine Catholic Presbyterate (priesthood) or diaconate, the applicant must explain the perceived role of that ministry in the Church, local community, and world. Presbyteral applicants also must include their impression/understanding of what it means to be an eparchial (diocesan) priest in the Byzantine Catholic Metropolitan Church (as opposed to monastic life).

5. Baptismal Certificate

6. Parents’ and your Marriage Certificate (if applicable)

7. Recommendation of Pastor

8. Recommendation of two other priests or individuals

9. Two recent photographs

10. Complete academic records (high school and/or college/graduate school)

11. Medical Exam
12. Psychological Assessment

Applicants for the presbyterate/diaconate of our eparchy are required to have a psychological assessment. This report will be used in making admission decisions and in determining whether further counseling is needed for the student. Assessment must include:

- Clinical interview
- Rorschach
- Thematic Appraisal Test and/or other projectives
- MMPI or MMPI-2
- 16 PF and/or other inventories of examiner’s choice

The evaluation should include reflections on the following areas:

- The candidate’s aptitude for service
- His ego, strengths, emotional resilience, coping patterns, capacity for personal growth
- His self-esteem, affectivity and capacity for intimacy
- His personal autonomy and relations to authority figures
- His psychosexual development and sense of sexual identity
- Any significant aspects of his social history that affect his current functioning
- The authenticity of his stated motivations for priesthood/deaconate
- Any counter-indications to his being suited for priesthood/diaconate or for international studies
- Any specific recommendations for his continued development

This Psychological Assessment is to be forwarded directly by the examiner to the attention of the Director of Vocations at the Office of Vocations (see page A6 for breakdown of Arch/Eparchial territories and addresses).

NOTE:
The psychological assessment is an integral part of the application process and must be submitted as part of the initial application. The interview with the Metropolitan/Hierarch will be scheduled only after this assessment has been received.

13. Background Check
III. Interview with Vocations Board
After the above application materials are received, the Director of Vocations will set up a personal interview with the candidate. The interview will be with the Vocations Board. The Vocations Board will complete an interview form and forward it to the Director for the inclusion in the candidate’s file.

IV. Interview with the Metropolitan/Hierarch
The entire profile of the applicant will then be presented to the Metropolitan/Hierarch. Since it is he who formally accepts an applicant to study for the ministry, the final decision is made by the Metropolitan/Hierarch. After all the materials are received, they are forwarded to the Archbishop along with the Director’s recommendations. The Chancery office will set up an appointment with the candidate and the Metropolitan/Hierarch.

V. Decision
The Vocations Director will then contact the applicant to discuss the decision reached by the Metropolitan/Hierarch.
Arch/Eparchial Territories

Based on the applicant's city or state of residence, completed applications and other required materials must be sent to the appropriate arch/eparchy.

All parts of the formal application should be directed to the attention of “Director of Vocations.”

**Archeparchy of Pittsburgh**
Director of Vocations
66 Riverview Avenue
Pittsburgh, PA 15214-2253

**Eparchy of Passaic**
Director of Vocations
445 Lackawanna Avenue
Woodland Park, NJ 07424

**Eparchy of Parma**
Director of Vocations
1900 Carlton Road
Parma, OH 44134-3129

**Eparchy of Phoenix**
Director of Vocations
8105 North 16th Street
Phoenix, AZ 85020-3901
INDEX

1. General Information - Applicant ......................................................... 1
2. Family Background ............................................................................. 2
3. Personal Health ................................................................................... 5
4. Religious Background .......................................................................... 8
5. Educational Background ..................................................................... 10
6. Job Experience (*please attach professional resume and/or curriculum vitae*) ......................................................... 11
7. Publications and Digital Communications/Entertainment .......................... 13
8. Military Record .................................................................................. 13
9. Legal Status ....................................................................................... 14
10. Citizenship ........................................................................................ 14
11. General Information - Wife ................................................................. 15
12. Wife’s Family Background ................................................................. 16
13. Wife’s Religious Background ............................................................... 18
14. Wife’s Educational Background .......................................................... 19
15. Wife’s Job Experience ....................................................................... 20
16. Wife’s Military Record ...................................................................... 21
17. Wife’s Legal Status of ....................................................................... 22
18. Wife’s Citizenship ............................................................................. 22
19. Wife’s Medical Information ................................................................. 22
20. Signature(s) and Notarization by Church Official ................................. 24
Confidential Information Questionnaire for Formation Applicant

Date ______________________

1. General Information

Name ______________________

   Last   First   Middle

Address _____________________

   Street ___________________

   City   State   Zip Code __________

Telephone ____________________

   Home   Work   Cellular

E-Mail Address __________________

Fax __________________________

Social Security Number __________

Date of Birth ________________

   Place of Birth ________________

   City, State (Country)

Date of Baptism ________________

   Church (or other place) of Baptism

   Address ______________________

   Were you baptized previously in a non-Catholic Community Church? □ Yes □ No

   If so, what denomination ____________________

Date of Chrismation ______________

   Church (or other place) of Chrismation

   Address ______________________

Date of First Divine Eucharist __________

   Church (or other place) of First Divine Eucharist

   Address ______________________

Ritual Church (Byzantine-Ruthenian, Latin, Chaldean, etc.) ____________________

Are you a convert? □ Yes □ No □ If yes, of how many years? ________________

From what denomination(s) ____________________
Current Parish

City/State

For how many years have you been active in this parish?

Which Catholic priest do you know best?

Address

Telephone

### 2. Family Background

<table>
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<th>Middle</th>
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Father’s Name

If living: Telephone

Address

Date of Birth Place of Birth

Catholic?  □ Yes  □ No

If yes, what Ritual Church?

If no, what religious denomination (or ‘none’)?

Convert to Catholicism?  □ Yes  □ No

If yes, from what denomination and when

Highest degree completed in school?

Occupation

Mother’s Name

<table>
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<tr>
<th>Maiden</th>
<th>First</th>
<th>Middle</th>
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If living: Telephone

Address

Date of Birth Place of Birth
Catholic? □ Yes □ No

If yes, what Ritual Church?

If no, what religious denomination (or 'none')?

Convert to Catholicism? □ Yes □ No

If yes, from what denomination and when

Highest degree completed in school?

Occupation

If your parents made a “transfer of ritual church,” how old were you at the time?

Date of Parents' Marriage:

Church (or other place) of Parents' Marriage

Address

If both are living, their current status:

Living together ______ Separated ______ Divorced ______

Father widower ______ Mother widow ______

Father remarried ______ Mother remarried ______

If yes, what is her present name?

If either or both parents are deceased, please complete the following:

Year of death Age at death Cause of death

Father

Mother

Who should be notified in the event of an emergency?

Name

Address

Telephone ______ Relation _____
Please list all siblings below:

<table>
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<tr>
<th>Name</th>
<th>Brother or Sister</th>
<th>Age</th>
<th>Occupation</th>
<th>Married or Single</th>
<th>Active Catholic?</th>
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THE REMAINDER OF THIS SECTION (2.) IS TO BE COMPLETED BY MARRIED APPLICANTS ONLY.
(Wife of applicant must complete pages 16 – 24 of this application form.)

Wife’s Name ____________________________ Last (Maiden) First Middle
Date of Birth __________________________ Place of Birth __________________________

Catholic? □ Yes □ No
If yes, what Ritual Church? __________________________
If no, what religious denomination (or ‘none’)? __________________________
Where does she regularly worship? __________________________
Highest degree completed in school? __________________________
Occupation __________________________

Were you previously married or in a marriage-like relationship? □ Yes □ No
If yes, in the Church, civil, common law, or other? __________________________
Name of former spouse/companion __________________________ Last First Middle
Address __________________________
How was the union ended?

Death _____ Separation _____ Divorce _____ Church Annulment _____

CIVIL Decree/County/State/Date

CHURCH Decree/Eparchy(Diocese)/State/Date (enclose copy of document)

If you have children, please give the requested information and place a check mark in the box by the child(ren)'s name(s) who live with you and/or depend on you for financial support.

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<tr>
<th>Name</th>
<th>Relationship</th>
<th>Age</th>
<th>Grade/Occupation</th>
<th>Married / Single</th>
<th>Active Catholic?</th>
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<td>Son / Daughter</td>
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*Please list additional children on the back of this page and also explain any special health or emotional concerns regarding any of your children that may affect your Church ministry.*

3. Personal Health

Height _______________ Weight __________________

Date of last Physical Examination (must be within the last six months): __________________________

Personal Primary Physician’s Name: ________________________________

Address _______________________________________________________

Telephone ____________________________________________

Physical challenges and limitations (if any): _________________________

_____________________________________________________________
Applicant Questionnaire

Serious illness (specify type & age; chronic, acute; HIV, hepatitis, epilepsy, cancer, etc.): 

______________________________

______________________________

Serious accidents (specify age): 

______________________________

Surgery (specify type and age): 

______________________________

Days of work and/or school missed within the last year due to illness: 

______________________________
Cause(s) 

______________________________

Have you ever used illegal drugs of any kind? □ Yes □ No 

If yes, what kind? 

______________________________

How often? ____________________ When last used? ____________________

What prescription drug(s) are you taking (if any) and for what reason(s)? 

______________________________

______________________________

______________________________

Do you smoke? □ Yes □ No If yes, how many packs per day? ____________________

Describe your consumption of alcohol: 

______________________________

In regard to the centrality of the Eucharist in the priestly life, are you able to ingest gluten and alcohol without harm? □ Yes □ No 

If no, explain 

______________________________

Mark the following as to how they cause you concern: N = never C = currently P = past 

Insomnia ______ Weight ______ Blood pressure ______ Colds ______ Asthma ______

Diabetes ______ Allergies ______ Headaches ______ Nervousness ______ Heart ______

Tiredness ______ Appetite ______ Short breath ______ Sinuses ______ Hearing ______

Eyesight ______ Back ______ Standing ______ Arthritis ______ Gastric ______

Other 

______________________________
Do you suffer or have you ever suffered from depression or mental illness?  ☐ Yes  ☐ No

If yes, explain __________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Please give details of any history in your immediate family of mental illness, alcoholism, or drug addiction:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Have you or any member of your immediate family had epilepsy?  ☐ Yes  ☐ No

Have you ever had any kind of counseling?  ☐ Yes  ☐ No

If yes, please specify ____________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Doctor/Therapist: _______________________________________________________

Address: _____________________________________________________________

Telephone: ___________________________________________________________

Do you have medical insurance coverage?  ☐ Yes  ☐ No

*If so, please attach a copy of insurance card or other evidence of coverage.*

Personal/Family Plan? __________________________________________________

Company/Firm? ________________________________________________________

Expiration date: ________________________________________________________
4. Religious Background

To which Byzantine Catholic Parish have you belonged for the longest period of time?

__________________________________________

Address

__________________________________________

City/State/Zip

__________________________________________

For how many years have/had you been active in this parish?

__________________________________________

Please describe your current normative rule of participation in the following:

Byzantine Catholic liturgical services: _______________

Communion _______________

Confession _______________

Have you had any regular, individual spiritual direction? ☐ Yes ☐ No

If so, for how many years? _______________

Who is your spiritual director? _______________

Have you ever left the practice of Catholicism for a period of time? ☐ Yes ☐ No

If yes, when, for how long, and why? _______________

Have you ever belonged to a Church other than the Catholic Church? ☐ Yes ☐ No

Denomination _______________

Time of Conversion _______________
Give places of residence where you have lived six months or more after the age of 14 years (include residence at school, military, etc.):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If you ever have applied to be a candidate for any other eparchy, diocese, religious order, or lay institute, please give the following: 1) Name of eparchy/institute/order; 2) accepted or not accepted; 3) dates entering and leaving; 4) departure or dismissal; and 5) reason for leaving

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If you ever have received any of the following, please list the following: 1) Ritual; 2) Date; 3) Place; 4) City; 5) State; and 6) Instituting bishop or ecclesiarch

Tonsure: ______________________________________________________________
________________________________________________________________________
________________________________________________________________________

Minor Orders: __________________________________________________________
________________________________________________________________________
________________________________________________________________________

Major Orders: __________________________________________________________
________________________________________________________________________
________________________________________________________________________

Monastic Vows/Religious Profession: _______________________________________
________________________________________________________________________

Do you have any relatives who are ordained or in the religious life? □ Yes □ No

If yes, explain __________________________________________________________
In the years after baptism, have you committed any of the following: apostasy; heresy; schism; voluntary homicide; cooperation in abortion; attempted suicide; self-mutilation; or deceptively intended solemn performance of an act of holy orders reserved to priests or bishops?

☐ Yes      ☐ No

If yes, explain ____________________________________________________________

5. Educational Background

Give, in order, the schools you have attended:

**Primary School**

____________________________________  # of years ___

____________________________________  # of years ___

____________________________________  # of years ___

Date of Completion _______________________

**Middle School (if applicable)**

____________________________________  # of years ___

____________________________________  # of years ___

Date of Completion _______________________

**High School**

____________________________________  # of years ___

____________________________________  # of years ___

Date of Graduation ______________________

Grade point average __________

**College/Higher Education**

____________________________________  # of years ___

____________________________________  # of years ___

____________________________________  # of years ___

Date of Graduation ______________________

Grade point average __________

Degree(s) earned ______________________
Major(s)/Minor(s) 

How many credit hours of theology have you earned? 

How many credit hours of philosophy have you earned? 

Which of the following areas have you studied: 

___ History of Philosophy  ___ Logic  ___ Ethics
___ Epistemology  ___ Metaphysics  ___ Anthropology
___ Philosophy of Nature  ___ Natural Theology

Were these studies pursued in a Catholic or Orthodox institution? [ ] Yes  [ ] No

What was the last year of study you successfully completed? 

Has your course of studies been interrupted? [ ] Yes  [ ] No

If yes, for how long? 

Reason for interruption 

What language(s) do you speak fluently? 

6. Job Experience (please attach professional resume and/or curriculum vitae)

Current occupation 

Company/Firm 

Address 

Number of years with this company/firm 

What is your current salary/income? $__________ per year
Is your employment at this company/firm incompatible with your future role as an ordained minister in the Catholic Church?

☐ Yes  ☐ No

If yes, why? ________________________________________________________________

Please give the following information regarding past job history beginning with your first paying job: Company/Firm; beginning and ending dates of employment; and type of work

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Were you ever terminated from a job?    ☐ Yes  ☐ No

If yes, indicate the company/firm and the reason for termination:

__________________________________________________________________________

__________________________________________________________________________

What trade skills do you possess? _____________________________________________

__________________________________________________________________________

__________________________________________________________________________

Does your family need financial assistance?    ☐ Yes  ☐ No

Do you have any outstanding debts (car, home, education, etc.)? ☐ Yes  ☐ No

If yes, to whom? ____________________________________________________________

Amount of total debt? $ ___________________
7. Publications and Digital Communications/Entertainment

If you have published books, articles, or the like, answer the following for each:

   Name of publication
   Date of publication

   Do you have your own website, blog, Facebook page or the like?  □ Yes  □ No

   If yes, what is the address of each?

Of your time each day not spent at sleep, meals, work, school, worship (public and private), and spiritual reading, what percent is spent using a computer? __________

How many minutes per day on average are spent on the internet? __________

8. Military Record

If you are serving or have served in the Armed Forces, answer the following:

   Branch of Service
   Date of Enlistment
   Date of Discharge
   Type of Discharge
   Rank at Discharge
   Reason for Discharge

   Are you serving in the Reserves?  □ Yes  □ No

   If yes, which Branch of Service?

   Location of Reserve Unit
9. Legal Status

Have you ever been arrested?  □ Yes  □ No

If yes, reason for arrest _____________________________________________

_______________________________________________________________

What were the charges? (Please attach copies of court document(s)) _____________________________________________

Where

City

County

State

Date of arrest _____________________________________________

How was the case resolved? _____________________________________________

_______________________________________________________________

10. Citizenship

Are you a citizen of the United States?  □ Yes  □ No

If no, state the Country of Citizenship _____________________________________________

What is your immigration status? _____________________________________________

If not married, please skip ahead to number 20 (on page 24).
### Confidential Information Questionnaire for Wife of Applicant

**11. General Information - Wife of Applicant**

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<td>Street</td>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<th>Telephone</th>
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<tr>
<td>Home</td>
<td>Work</td>
<td>Cellular</td>
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<tr>
<th>E-Mail Address</th>
<th>Fax</th>
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Social Security Number

Date of Birth

Place of Birth      City, State (Country)

Date of Baptism

Church (or other place) of Baptism

Address

Were you baptized previously in a non-Catholic Community Church?  

□ Yes  □ No

If so, what denomination

Date of Chrismation

Church (or other place) of Chrismation

Address

Date of First Divine Eucharist

Church (or other place) of First Divine Eucharist

Address

Ritual Church (Byzantine-Ruthenian, Latin, Chaldean, etc.)

Are you a convert?  

□ Yes  □ No

If yes, of how many years?

From what denomination(s)
12. Wife’s Family Background

Father’s Name
  Last                               First                               Middle
  If living:                          Telephone
  Address
  Date of Birth                      Place of Birth
  Catholic?                         □ Yes       □ No
    If yes, what Ritual Church?
    If no, what religious denomination (or ‘none’)?
  Convert to Catholicism?            □ Yes       □ No
    If yes, from what denomination and when
  Highest degree completed in school?
  Occupation

Mother’s Name
  Maiden                              First                               Middle
  If living:                          Telephone
  Address
  Date of Birth                      Place of Birth
  Catholic?                         □ Yes       □ No
    If yes, what Ritual Church?
    If no, what religious denomination (or ‘none’)?
Convert to Catholicism? □ Yes □ No

If yes, from what denomination and when ____________________________

Highest degree completed in school? _________________________________

Occupation ________________________________

If your parents made a “transfer of ritual church,” how old were you at the time? ____________________________

Date of Parent’s Marriage: ____________________________

Church (or other place) of Parent’s Marriage ____________________________

Address ________________________________

If both are living, their current state in life:

Living together _______ Separated _______ Divorced _______

Father widower _______ Mother widower _______

Father remarried _______ Mother remarried _______

If yes, what is her present name? ____________________________

If either or both parents are deceased, please complete the following:

Year of death Age at death Cause of death

Father ____________________________ ____________________________ ____________________________

Mother ____________________________ ____________________________ ____________________________

Who should be notified in the event of an emergency?

Name ______________________________

Address ______________________________

Telephone ____________________________ Relation ____________________________

Number of brothers ____________________________

Number of sisters ____________________________

Your rank in birth ____________________________

Were you previously married or in a marriage-like relationship? □ Yes □ No

If yes, in the Church, civil, common law, or other? ____________________________
Name of former spouse/companion    Last    First    Middle

Address

How was the union ended?
Death     Separation     Divorce     Church Annulment

CIVIL Decree/County/State/Date

CHURCH Decree/Eparchy(Diocese)/State/Date  (enclose copy)

13. Wife's Religious Background

To which Byzantine Catholic Parish have you belonged for the longest period of time?

Address

City/State/Zip

For how many years have/had you been active in this parish?

Please describe your current normative rule of participation in the following:

Byzantine Catholic liturgical services:

Communion

Confession

Have you ever left the practice of Catholicism for a period of time?  □ Yes  □ No

If yes, when, for how long, and why?

________________________________________

________________________________________

________________________________________
If you have ever received any of the following, please give the following: Ritual; date; place, city, state; and instituting bishop or ecclesiarch

Tonsure: ___________________________________________________________

Monastic Vows/Religious Profession: __________________________________

Do you have any relatives who are ordained or in the religious life? □ Yes □ No

If yes, explain ______________________________________________________

After baptism, have you committed any of the following: apostasy; heresy; schism; voluntary homicide; abortion; attempted suicide; self-mutilation?

□ Yes □ No

If yes, explain ______________________________________________________

14. Wife's Educational Background

Give, in order, the schools you have attended:

Primary School ___________________________________________ # of years ____

_____________________________ # of years ____

Date of Completion ________________

Middle School (if applicable) _________________ # of years ____

_____________________________ # of years ____

Date of Completion __________________________
High School

____________________________________
# of years ___
____________________________________
# of years ___

Date of Graduation

____________________________________

Grade point average

________

College/Higher Education

____________________________________
# of years ___
____________________________________
# of years ___
____________________________________
# of years ___

Date of Graduation

____________________________________

Grade point average

________

Degree(s) earned

____________________________________

Major(s)/Minor(s)

____________________________________

What language(s) do you speak fluently?

____________________________________

15. Wife's Job Experience

Current occupation

____________________________________

Company/Firm

____________________________________

Address

____________________________________

Number of years with this company/firm ________

What is your current salary/income? $ __________ per year

Is your employment at this company/firm incompatible with your future role as the wife of an ordained minister in the Catholic Church?

☐ Yes ☐ No

If yes, why?

____________________________________
Please give the following information regarding past job history beginning with your first paying job: Company/Firm; beginning and ending dates of employment; and type of work

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Were you ever terminated from a job? □ Yes □ No

If yes, indicate the company/firm and the reason for termination:

________________________________________________________________________

Do you have any outstanding debts (car, home, education, etc.)? □ Yes □ No

If yes, to whom? _______________________________________________________

Amount of total debt? $ ______________

16. Wife's Military Record

If you are serving or have served in the Armed Forces, answer the following:

Branch of Service _______________________________________________________

Date of Enlistment _____________________________________________________

Date of Discharge _____________________________________________________

Type of Discharge _____________________________________________________

Rank at Discharge _____________________________________________________

Reason for Discharge __________________________________________________

Are you serving in the Reserves? □ Yes □ No

If yes, which Branch of Service? _________________________________________

Location of Reserve Unit _______________________________________________
17. Wife's Legal Status
Have you ever been arrested?  □ Yes  □ No
If yes, reason for arrest __________________________________________________________
___________________________________________________________
What were the charges? (Please attach copies of court document(s)) _______________________
___________________________________________________________
Where
City
County
State
Date of arrest __________________________________
How was the case resolved? ____________________________________________

18. Wife's Citizenship
Are you a citizen of the United States?  □ Yes  □ No
If no, state the Country of Citizenship ___________________________________________
What is your immigration status? ________________________________________________

19. Wife’s Medical Information
Personal Primary Physician’s Name: _____________________________________________
Address ________________________________________________________________
Telephone ______________________________________________________________
Physical challenges and limitations (if any): ______________________________________
Serious illness (specify type & age; chronic, acute; HIV, hepatitis, epilepsy, cancer, etc.): ____________________________

Serious accidents (specify age): ____________________________

Surgery (specify type and age): ____________________________

Days of work and/or school missed within the last year due to illness: ____________________________

Cause(s) ____________________________

Have you ever used illegal drugs of any kind?  □ Yes  □ No

If yes, what kind? ____________________________

How often? ____________________________  When last used? ____________________________

What prescription drug(s) are you taking (if any) and for what reason(s)?

__________________________________________

__________________________________________

__________________________________________

__________________________________________

Do you smoke?  □ Yes  □ No  If yes, how many packs per day? ____________________________

Describe your consumption of alcohol: ____________________________

Do you suffer or have you ever suffered from depression or mental illness?  □ Yes  □ No

If yes, explain ____________________________

__________________________________________

__________________________________________

Please give details of any history in your immediate family of mental illness, alcoholism, or drug addiction:

__________________________________________

__________________________________________
20. Signature(s) and Notarization by Church Official

Your Grace,

I / We do hereby swear and affirm that all the answers and information provided above are true. I / We do further grant release for the content of the application to be shared with parties directly associated with formation advancement (i.e. Vocation Review Board members, Seminary Admissions Board members, Monastery Admissions Board members, as applicable) as needed now or in the future.

_________________________  ___________________________
Signature of Applicant  Date

_________________________  ___________________________
Signature of Wife  (if applicable)  Date