PRIEST, BROTHER, AND SISTER SERVANTS OF JESUS CRUCIFIED

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APPLICATION FOR ADMISSION TO CJC DISCERNMENT PROGRAM

PART A: GENERAL BACKGROUND

Full Name:			Phone:			
	(Last)	(First)	(Middle)	(Area Code) Number		
Home Address	S:		(0)	(G)		
F:1.	(Street)	(City)	(State)	(Zip)		
Date of Birth:						
				#		
Country of Cit	tizenship:					
Home Parish:			Pastor:			
Parish Address	s:					
Present Occup	oation:					
Father's Name:			Mother's Maiden Name:			
Religion			-			
Living or Deceased						
If deceased, gi	ve date:		If deceased, give	date:		
Are you	ur parents divorced or	r separated?				
Father's Occupation:			Mother's Occupation			
Give emergen	cy contact informatio	n of next of kin:	Home	Cell		
Physical Addre	ess of next of kin:					
Is your father o	of the Roman Catholi	ic Latin Rite?	<u> </u>			
Date of Parent's Marriage:			Place			
How many brothers do you have?			Sisters?	Sisters?		
Did you convert to the Catholic Church?			If so, when?			

PART C: EDUCATION

	ols you have attended and the time		Kind of	Dagwaa Fannad & Data of	
MM/DD/YY	Name &Location	of School	School*	Degree Earned & Date of Conferral	
	-				
					
				 	
				l	
*Please specify if: 1)High Sc	hool; 2) college: undergraduate; 3)	() graduate school			
	· -	, •			
	2.71				
	degree successfully completed?				
			Graduate area of study:		
Was your course of study into	errupted?	If yes, give the	e reason:		
What was your final cumulate	ive undergraduate GPA?	Final graduate	e cumulative GPA	A?	
PART D: WORK	Experience:				
Please give in order the jobs y					
MM/DD/YY				Position	
MIMI/DD/ Y Y	Emplo	<u>yer</u>		Position	

PART E: ASSIGNMENTS (FOR PRIESTS AND RELIGIOUS):

Please give in order the assignments you have held:

Diocese and Parish	Position	
	Diocese and Parish	

PART G: RELIGIOUS CONGREGATIONS AND DIOCESES (FOR PRIESTS AND RELIGIOUS)

Diocese of Incardination:	Name of Ordinary:				
	<u>. </u>				
	Phone number:				
Religious Congregation: Name of Superior:					
Contact information for Superior: Address_					
Email address:	Phone number:				
Part H: Military Servic	E:				
	ry/armed services? If yes, what dates did you serve?				
If yes, what branch?					
PART I: ADDITIONAL INFOR	MATION:				
Have you ever been arrested by the police?	Do you have a criminal record?				
Please explain:					
	ronic illness (such as heart disease, diabetes, etc.)?				
	ental illness (such as depression, anxiety, schizophrenia, bipolar, etc.)?				
	erapist? If yes, how long have you been in counselling?				
Are you presently taking any medications?	If yes, please list				
ADDITIONAL COMMENTS:					
ADDITIONAL CONNECTION					
ALL INFORMATION IS	S CONFIDENTIAL AND USED FOR APPLICATION PURPOSES ONLY.				
I,	, have completed the above information and affirm that it is true to				
Please Print Full Name	to the best of my knowledge.				
Signature of Applicant	Date				