

CLERGY INFORMATION SHEET

Date: _____

| | |
|----------------------------------|---------------------------------|
| NAME: | PARISH/MISSION: |
| SOCIAL SECURITY: | |
| RESIDENCE: | ADDRESS: |
| | |
| TELEPHONE: | TELEPHONE: |
| CELL PHONE: | |
| FAX NUMBER: | FAX NUMBER: |
| E-MAIL: | E-MAIL: |
| CLERGY DATE OF BIRTH: | RECTOR/VICAR AS OF DATE: |
| ORDINATION TO DIACONATE: | DIOCESE: |
| ORDINATION TO PRIESTHOOD: | DIOCESE: |
| SPOUSE'S NAME: | SPOUSE DATE OF BIRTH: |
| DATE OF MARRIAGE: | OCCUPATION: |
| CHILDREN: | DATE OF BIRTH: |
| | DATE OF BIRTH: |
| | DATE OF BIRTH: |
| | DATE OF BIRTH: |
| | DATE OF BIRTH: |

Priestly Skills/Special Training: _____

Physical Health: (Comments as to any past history of physical difficulties) _____

Hobbies/Interests: _____

Other information: Do you have a will? _____

Where is it kept? _____

Executor: _____

Address: _____

In case of emergency contact: _____

Relationship: _____

Address: _____

Telephone number: _____