

Order of the Blessed Virgin Mary of Mercy

Vocation Office

6398 Drexel Road

Philadelphia, Pennsylvania 19151-2596

Telephone (215) 879-0594 • Fax (215) 877-7625

Dear Friend:

This is not an application to our community. This simply provides us with some general information that will allow us to better respond to your questions, needs, and concerns as you discern a possible religious vocation. We would greatly appreciate you returning this as soon as possible so that we may answer any further questions you might have.

PLEASE PRINT ALL INFORMATION

GENERAL INFORMATION

Name: _____ Age: _____
(Last name, First name, Middle name)

Current Home Address _____ / _____
Street Address or Post Office Box or Rural Route and RR Box Apt/Suite

City State Zip Code + 4 Code

Phone: _____ Best Time to Call: _____

Date of Birth: _____

If away at college/university or in the military:

Current Mailing Address: _____
College/ Military Unit

Street Address or PO Box or Rural Route and RR Box Dorm Post Office Box Number/Dorm Unit Number

City, State Zip Code + 4 Code

Phone: _____ Best Time to Call: _____

EDUCATIONAL INFORMATION

Highest level of education completed at this time: _____

Name of college that you presently attend or last attended: _____

Have you completed your college degree: Yes ___ No ___ If yes, please list the name of the college and your major(s): _____

Name of high school that you presently attend or last attended: _____

Name of grade school last attended: _____

OCCUPATIONAL INFORMATION

Present Occupation: _____

Name of Company: _____

Address: _____ / _____ / _____ / _____
Street or PO Box or Rural Route and RR Box City State Zip Code + 4 Code

Phone: _____ Length of Employment: _____

Name of Present Employer: _____

AUTOBIOGRAPHICAL INFORMATION

Are you a convert to Catholicism?: Yes ___ No ___ If yes, please give your former religion and the date of baptism/acceptance into the Roman Catholic Church: _____

Have you ever applied to, or entered another religious community or Diocesan seminary?

Yes ___ No ___

If yes, please list the name and address of the community/seminary:

Date of Application: _____ Date of Entrance: _____

Have you ever been refused by a community or Diocesan seminary?: Yes ___ No ___

If yes, please give the name of community/seminary and reason(s) for refusal:

Have you ever been married or attempted marriage?: Yes ___ No ___

If yes, was the marriage: Sacramental ___ Civil ___ Common Law ___

Has the marriage been terminated by death, divorce, or annulment? _____

Is your father: living ___ deceased ___? Is your mother: living ___ deceased ___?

Do you live with your parents?: Yes ___ No ___ Brothers or Sisters: Yes ___ No ___

RELIGIOUS INFORMATION

Are you a registered member of a Roman Catholic Parish?: Yes ___ No ___

Name of Parish: _____ (Arch)diocese: _____

Address: _____ / _____ / _____ / _____
Street or PO Box or Rural Route and RR Box City State Zip Code + 4 Code

Name of Pastor: _____

What Religious/Parish organizations do you participate in?

What other service/volunteer organizations do you participate in?:

Do you have a regular spiritual director/counselor?: Yes ___ No ___

If yes, have you discussed your vocation with him: _____

How did you become knowledgeable in the Mercedarian Friars? (Name Magazine, newspaper, personal contact, or reference by another person other than a Mercedarian)

Why would you consider the Mercedarian way of life?

As a Mercedarian friar, what type of apostolic service would you be interested in?

Today's Date: _____