

Diocese of Altoona-Johnstown

Office of Vocations 925 S. Logan Boulevard

Hollidaysburg, PA 16648

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INITIAL INQUIRY FORM FOR THOSE CONSIDERING THE DIOCESAN PRIESTHOOD

NAME	:			
ADDR	ESS:			
CITY:	s	STATE:	ZIP CODE:	
HOME	PHONE:	CELL PHONE:		
EMAIL ADDRESS:				
WHAT	IS THE BEST TIME OF DAY TO CAL	L YOU BY PHONE?	AM PM	
	OF BIRTH:			
MARRIAGE:				
1.	Have you ever been married in any t	ype of ceremony before?	YES NO	
	a. If yes, has your marriage bee	n annulled by the Church?	YES NO	
2.	Do you have any children? YES _	NO		
	a. Are these children financially	dependent on you? YES	NO	
RELIG	ION:			
1.	How long have you been a Roman C	atholic?		
2.	Do you practice your faith? YES _	NO		
	a. If YES, how?			
EDUCATION:				
1.	1. What is your highest academic year completed?			
2.	What High School did you attend?			
	a. What year did you graduate?			
3.	. What College/University did you attend?			
	a. What year did you graduate?			
	b. What degree did you earn? _			
EMPLOYMENT:				
1.	Are you currently employed? YES	NO		
2.	What is your current occupation? _			
PARIS	H LIFE:			
1.	At what parish are you currently reg	istered, at and at what paris	sh do you regularly attend	
	Mass?			
2.	Who is your Pastor/Administrator?			
	a. Who is your contact priest? (if different from above)			
3.	What is your involvement in the part	sh?		
HOW DID YOU HEAR ABOUT THE VOCATIONS OFFICE?				
Additional Comments:				