

Congregation Messengers of Fatima



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2x2

APPLICATION FOR VOCATION

I. PERSONAL INFORMATION

1. Name : _____
(Catholic Name) (First) (Middle) (Last)
2. Date of birthday: _____ Place: _____
3. ID number : _____
4. Address : _____
5. Telephone: (_____) _____ - _____
6. Citizen of U.S.A? (____) Yes (____) No
If not : Country of Citizenship : _____
Date of entry into U.S _____ Visa # : _____
Expiration Date : _____
7. Have you taken any religious vows or received the Rite of Commitment (Tonsure) or Orders?
(____) Yes (____) No
8. Were you ever married? (____) Yes (____) No
9. Diocese of permanent address: _____
10. Present Parish: _____
Address: _____
Pastor: _____
11. Baptismal certificate date: _____

12. List three adults whom we may consult as references on your behalf :

1. Name _____ Occupation _____

Address : _____

Phone Number : _____

2. Name _____ Occupation _____

Address : _____

Phone Number : _____

3. Name _____ Occupation _____

Address : _____

Phone Number : _____

13. Describe any physical handicap or chronic illness you may have :

14. Have you ever consulted a psychiatrist or psychologist ? (___) Yes (___) No

If yes : Why ? _____

15. Do you have any outstanding debts? (___) Yes (___) No

If yes, explain: _____

16. Have you ever had a police record (other than simple traffic violations) ?

(___) Yes (___) No. If yes, explain : _____

17. Have you registered for selective services? (___) Yes (___)

18. Are you a veteran? (___) Yes (___). If yes, give branch and date:

II. FAMILY

1. Mother's information

Name: _____

Address: _____

Home Phone: (_____) _____ - _____

Occupation: _____

Employer: _____

Work Phone: (_____) _____ - _____

Education: _____

(Indicate highest level of education)

2. Father's information:

Name: _____

Address: _____

Home Phone: (_____) _____ - _____

Occupation: _____

Employer: _____

Work Phone: (_____) _____ - _____

Education: _____

(Indicate highest level of education)

3. Check if appropriate: (___) Father deceased (___) Mother deceased
(___) Father remarried (___) Mother remarried
(___) Parents separated (___) Mother separated

4. Legal guardian (if other than parents)

Name: _____

Address: _____

Business phone: (_____) _____ - _____

5. List your brothers/sisters from oldest to youngest :

Name: _____ Date of birth _____ Education _____

1) _____

2) _____

3) _____

4) _____

- 5) _____
- 6) _____

III. ACADEMIC

1. List all secondary schools (grades 9 -12) you have attended.
 - a) School: _____
Graduation Date: _____
Address: _____
 - b) School: _____
Graduation Date : _____
Address: _____
 - c) School: _____
Graduation Date : _____
Address: _____
2. For the schools listed above, please indicate the type of school it is:
(____) Public (____) Independent (____) Parochial or Diocesan
3. List all colleges, universities, or post-secondary institutions you have attended. List first the school you are now attending or last attended.
 - a) School: _____ Graduation Date: _____
Address: _____
 - b) School: _____ Graduation Date: _____
Address: _____
4. Were you ever dismissed or suspended from any of the schools listed in items 1 or 4?
(____) Yes (____) No. If yes : explain : _____

IV. ACTIVITIES

1. School activities:
 - a) Awards, honors, prizes (academic, service, other): _____

 - b) Government (school, class, homeroom, other offices): _____

 - c) Athletics: _____

 - d) Dramatics: _____

- e) Clubs (interest, service, social, etc.): _____

- f) Music and instruments: _____

- g) Literary (paper, magazine, etc.)

2. Non-school activities:

- a) Community (youth groups, church groups, service clubs, etc) : _____

- b) Travel : _____
- c) _____
- d) Hobbies: (Special interests, talents, etc.) : _____

3. Work experience

(Give name of employer, dates of employment and type of work.)

V. VOCATIONAL JOURNEY

Write a paragraph about your vocation in the past

Write reasons of choosing the CMF?

VI. ENCLOSE DOCUMENT

1. Certificate of Baptism
2. Certificates and degrees
3. Copy of ID or passport
4. A letter of recommendation of the last Congregation

Signature

Date