



PLEASE
PAPERCLIP
3 PHOTOGRAPHS
HERE
Size 2"X3"
or smaller

DIOCESE OF SCRANTON
APPLICATION FOR PROGRAM OF PRIESTLY FORMATION

Name _____
FIRST MIDDLE LAST

Home Address _____
NUMBER STREET APT. #

CITY STATE ZIP CODE

How long have you lived at the above address? _____
YEARS MONTHS

Mailing Address *(If different from above).*

NUMBER STREET APT. #

CITY STATE ZIP CODE

Telephone Numbers/E-Mail Address:

Home _____

Cell _____ E-Mail _____

Birth Date _____ **Birthplace** _____
CITY STATE

Social Security # _____ **Driver's License** _____
STATE NUMBER

(Please list any other "nicknames", "aliases", etc. by which you have ever been known and, if applicable, the periods of time which you were known by anyone by such other names, aliases, etc.)

Current Home Diocese and Parish _____

Pastor _____ Phone _____

Parish Address _____

NUMBER

STREET

APT. #

CITY

STATE

ZIP CODE

Are you currently registered in this parish? If not, briefly explain.

If you reside, or have resided at any time, in a diocese other than the Diocese of Scranton, give the name of the place in which you lived and the dates of your residency there:

City

State

Country

Mo. & Yr. to Mo. & Yr.

City

State

Country

Mo. & Yr. to Mo. & Yr.

City

State

Country

Mo. & Yr. to Mo. & Yr.

City

State

Country

Mo. & Yr. to Mo. & Yr.

City

State

Country

Mo. & Yr. to Mo. & Yr.

PART I: PERSONAL INFORMATION

SECTION 1: CATHOLIC/RELIGIOUS BACKGROUND

A. Sacraments of Initiation

1.01 Date of Baptism _____ Church _____
NAME CITY STATE/COUNTRY

1.02 First Communion _____ Church _____
NAME CITY STATE/COUNTRY

1.03 Confirmation _____ Church _____
NAME CITY STATE/COUNTRY

B. Parents Sacramental Information

1.04 Parents' Current Marital Status: MARRIED _____ Date of Marriage _____
NEVER BEEN MARRIED _____ WIDOWED _____ SEPARATED _____ DIVORCED _____ How Long? _____

If widowed or divorced, has either parent remarried? Yes _____ No _____

Stepfather's Name _____

Stepmother's Name _____

1.05 Church of Parents' Marriage: _____
NAME CITY STATE/COUNTRY

If your parents were not married in a Church ceremony, where were they married?

1.06 If either parent or any relative is a member of an Oriental (Eastern) Church of the Catholic Church, list their names, relationship to you and the specific Church to which they currently belong.

(Note: Applicant must also obtain and submit recent copies of sacramental records. See Part III of this application.)

C. Sacramental and Religious Practice

1.07 Check what best indicates the frequency of **Mass Attendance**:

DAILY _____ WEEKLY _____ MONTHLY _____ YEARLY _____ DO NOT ATTEND _____

1.08 Check what best indicates the frequency of the **Sacrament of Reconciliation**:

WEEKLY _____ MONTHLY _____ YEARLY _____ DO NOT CELEBRATE _____

1.09 Describe your religious practices growing up.

- 1.10 List the last three parishes, which you have been a member or regularly attended, and the dates of membership or attendance.

City	State	Country	Mo. & Yr. to	Mo. & Yr.
------	-------	---------	--------------	-----------

City	State	Country	Mo. & Yr. to	Mo. & Yr.
------	-------	---------	--------------	-----------

City	State	Country	Mo. & Yr. to	Mo. & Yr.
------	-------	---------	--------------	-----------

- 1.11 List the ways you have been involved in your present parish, as well as in past parishes, noting your age at the time of involvement. (e.g. *Altar Server, Reader/Lector, Choir Member, Extraordinary Minister of Holy Communion, Youth Group/Young Adult Group Member, Member of the Parish Pastoral or Finance Councils, CCD/Religious Education Volunteer, etc.*)

- 1.12 Do you currently have a spiritual advisor/director or someone with whom you regularly discuss your spiritual and prayer life, as well as your vocational discernment?

Yes ____ No ____

- 1.13 Describe any other current religious practices not mentioned above. (e.g. *Recitation of the Rosary, Holy Hours, Scripture and other Spiritual Reading or Reading Lives of the Saints, etc.*)

- 1.14 Do you have any relatives who are priests or consecrated religious? If so, please give their names and relationship to you.

D. Religious History

- 1.15 Are you a convert to Catholicism? Yes ____ No ____

If yes, when did you become Catholic? _____

a. Church _____
NAME CITY STATE/COUNTRY

b. Former Denomination/Religion _____ Years of Affiliation _____

c. Reason for Conversion

- 1.16 Have you ever stopped practicing the Catholic faith for a period of time? Yes ____ No ____
If yes, briefly explain.

E. Previous Experience as a Seminarian and/or a Consecrated Religious.

- 1.17 Have you ever **applied** to the Diocese of Scranton or another diocese or religious community? Yes___ No___
- 1.18 If yes to question 1.17, have you ever been **accepted** as a candidate for any other diocese or religious community? Yes___ No___ If yes, please give the name, pertinent dates and your reason for leaving, and the level you had reached when you left.
- 1.19 If yes to question 1.17, have you ever been **rejected** after completing an application for another diocese or religious order? Yes___ No___ If yes, please give the name of the diocese or religious order, the date of non-acceptance, and your understanding of why you were not accepted.
- 1.20 Have you ever been involved with or ever bound yourself by any oaths, vows or promises in any kind of religious organization, secret society or cult? (*e.g. Freemasonry, Jehovah's Witness, Scientology, Taoism, Zen Buddhism, Unitarianism, Tarotology, Witchcraft, New Age-Druid or Celtic Spirituality, etc.*) Yes___ No___
If yes to any, briefly explain, noting your age (range).
- 1.21 If you were professed in a Catholic Religious Community:
a. Date of your vows: _____
b. Were your vows perpetual or temporary? _____
c. Have your vows expired or been dispensed? _____
- 1.22 If you have ever previously studied for the priesthood, did you ever receive:
Candidacy? If yes, give the date. _____

Ministry of Lector or Reader? If yes, give the date. _____

Ministry of Acolyte? If yes, give the date. _____

Were you ever ordained a **Transitional Deacon**? If yes, give the date. _____
- 1.23 Are you willing to release all pertinent information from an (arch)diocese or religious order with whom you previously applied or were accepted? Yes_____ No_____

SECTION 2: CANONICAL STATUS

*(Depending on the actual circumstances, the following may apply as impediments to ordination which require a dispensation.
If needed, please seek clarification from the Director of the Office of Vocations prior to answering this section).*

- 2.01 Severe Mental Illness** (c. 1041.1) Have you ever committed yourself or been committed to a psychiatric facility? Yes ____ No ____
- 2.02 Apostasy, Heresy or Schism** (c. 1041.2) Have you ever publicly abandoned the Catholic Church? Have you ever, in a public capacity, advocated any views contrary to the teaching of the Catholic Church or ever joined another religious body by a formal, public act? Yes ____ No ____
- 2.03 Bond of Marriage** (c. 1041.3) Have you ever been married civilly or in a religious ceremony, Catholic or non-Catholic? Yes ____ No ____
- 2.04 Private or Public Religious Vows** (c. 1041.3) Are you bound to a private or public religious vow? If yes, present document(s) demonstrating proper release or dismissal. Yes ____ No ____
- 2.05 Voluntary Homicide or Abortion** (c. 1041.4) Have you ever been involved in the taking of another human life? Have you helped someone procure an abortion, performed the abortion or cooperated in obtaining an abortion for another person? Yes ____ No ____
- 2.06 Suicide, Self-Mutilation** (c. 1041.5) Have you ever made a serious attempt at suicide or seriously and maliciously mutilated yourself? Yes ____ No ____
- 2.07 Performed an act that is reserved to bishops or priests** (c. 1041.6) Have you ever impersonated a priest or bishop presiding at the Eucharist, granting absolution for sins or administering the sacrament of the anointing of the sick? Yes ____ No ____
- 2.08 Excommunication** Have you ever been excommunicated from the Church? If yes, attach documentation indicating this fact. Yes ____ No ____

SECTION 3: CIVIL LEGAL STATUS

- 3.01 Are you a citizen of the United States of America? Yes ____ No ____
- 3.02 If not, of what country are you a citizen? _____
- a. Are you a permanent resident of the U.S.A.? Yes ____ No ____ Effective Date _____
- b. Do you have a Visa? Yes ____ No ____ Type _____ Date of Expiration _____
(Attach Copy)
- 3.03 Do you have a Passport? Yes ____ No ____ Number _____
- Place of Issue _____ Date of Expiration _____
- Immigration Status _____

3.04 Have you ever been arrested? Yes_____ No _____ If yes, on what charges?

a. Your age and date of arrest(s)

b. Place of arrest(s) *(Include city, state and country).*

3.05 Have you ever been convicted of a misdemeanor or felony? Yes____ No_____ If yes, briefly explain.

3.06 Have you ever been placed on probation? Yes____ No _____ Date Probation Concluded _____

3.07 Has a civil complaint, including internal complaints given to management or supervisors at places of employment or volunteer service, or a criminal complaint ever been filed against you which alleged involvement in any form of harassment or sexual misconduct? Yes____ No_____

If yes, briefly explain. Include the date, nature, and place of the incident leading to the complaint, where the complaint was filed, the resulting action(s), and the name and title of the person(s) who investigated the complaint.

SECTION 4: FAMILY BACKGROUND

A. Parents Information

4.01 Father

NAME _____
BIRTHPLACE _____
LIVING ___ AGE _____ DECEASED ___ AGE _____
HIGHEST GRADE COMPLETED _____
WHERE COMPLETED _____
OCCUPATION _____
RELIGION _____
CONVERT? _____

IF FATHER IS DECEASED:

CAUSE OF DEATH _____
DATE OF DEATH _____

IF FATHER IS ALIVE:

ADDRESS _____

PHONE _____

4.02 Mother

MAIDEN NAME _____
BIRTHPLACE _____
LIVING ___ AGE _____ DECEASED ___ AGE _____
HIGHEST GRADE COMPLETED _____
WHERE COMPLETED _____
OCCUPATION _____
RELIGION _____
CONVERT? _____

IF MOTHER IS DECEASED:

CAUSE OF DEATH _____
DATE OF DEATH _____

IF MOTHER IS ALIVE:

ADDRESS _____

PHONE _____

B. Brothers and Sisters

4.03 List all of your siblings, oldest to youngest. (Please note half-brother(s) and sister(s) with an **"H"** immediately after their name, and/or step brother(s) and sister(s) with an **"S"**).

	NAME	AGE	OCCUPATION	MARITAL STATUS	PRACTICING CATHOLIC?
1.	_____				
2.	_____				
3.	_____				
4.	_____				
5.	_____				
6.	_____				
7.	_____				
8.	_____				
9.	_____				
10.	_____				

C. Emergency Contact Information

4.05 Name _____ Relationship to You _____

Address _____

NUMBER STREET APT. #

CITY STATE ZIP CODE

Phone _____ Other Phone _____

SECTION 5: GENERAL MEDICAL INFORMATION

A. General Health History

5.01 Have you ever had any serious illnesses, accidents, surgeries or physical limitations? If so list your age and a brief description of the resulting prognosis.

5.02 Is there a history in your family of any mental illness, alcohol, or drug addiction? Yes___ No___
If yes, briefly explain.

5.03 Have you ever used illegal drugs? Yes _____ No _____ If yes, which drugs, how often and when were they last used?

5.04 What is your weekly alcohol consumption?

5.05 Do you have an allergy to wheat products (sensitivity to gluten) Yes____ No____

B. Past Counseling or Therapy

5.06 Have you had any kind of professional counseling or therapy, or participated in a formal program to treat chemical dependency, substance/drug abuse, eating disorders or sexual addictions? (e.g. private counselor or therapist, AL-ANON, AA, NA, OA, SA, etc.) Yes _____ No _____
If yes, briefly explain?

5.07 Have you ever been treated or hospitalized for a serious mental or psychological illness, including depression? Yes_____ No_____ If yes, briefly explain including when and where.

5.08 Please provide name(s), address(es) and phone number(s) for any counselors, therapists, psychologists or psychiatrists with whom you have previously seen or been treated along with the date(s) (range) of treatment.

5.09 Are you willing to release all pertinent information from a counselor, therapist, psychologist or psychiatrist with whom you previously been treated by? Yes _____ No _____

C. Current Health Status

5.11 Height: _____ Weight: _____ Vision: _____ Hearing: _____ Date of last Physical Exam _____

5.12 Describe your present general health.

5.13 How many days of work or school did you miss last year due to illness, and what was the cause?

5.14 Do you exercise? Yes_____ No _____

D. Physician and Medical Insurance

5.17 Name of your personal physician _____

Address _____

_____ Phone (____) _____

5.18 Do you presently have medical insurance? Yes_____ No_____

If yes:

a. Please indicate your insurance company and type of policy/coverage.

b. If you are accepted as a seminary candidate, how long will this medical coverage be available to you?

c. Who is currently financially responsible for your medical insurance premiums and/or your general medical costs?

SECTION 6: EDUCATIONAL BACKGROUND

A. Secondary/High Schools *(Please note Public “P”, Catholic “C”, Other Private “OP”, or Home Schooled “HS” immediately after the school name. If home schooled, please also list the curriculum or program used.)*

NAME	CITY/STATE	DATES ATTENDED	GRADE COMPLETED
1. _____			
2. _____			
3. _____			

6.01 If you did not complete a formal course of Secondary/High School instruction, have you obtained your G.E.D. (General Equivalency Diploma)? If so, when? _____

B. Catholic Religious Education *(e.g. CCD, Parish Religious Education/Instruction.)*

If you did not attend Catholic Schools, please list the places of your formal religious instruction

PARISH OR HOME SCHOOLED	CITY/STATE	DATES ATTENDED	GRADE COMPLETED
1. _____			
2. _____			
3. _____			
4. _____			

C. Colleges, Universities and Seminaries *(Please note Public “P”, Catholic “C”, Other Private “OP” immediately after the school name.)*

NAME	CITY/STATE	DATES ATTENDED	MAJOR/MINOR
1. _____			
2. _____			
3. _____			
4. _____			

D. Degrees *(High School, Undergraduate, Post-Graduate, Licentiate, Doctorate)*

Please list degrees earned along with the granting institution, final G.P.A. and any honors received.

INSTITUTION	DEGREE GRANTED	FINAL G.P.A.	HONORS
1. _____			
2. _____			
3. _____			
4. _____			

(Note: Applicant must also obtain official school/college transcripts. See Part III of this application.)

F. Extracurricular Activities *(High School, Undergraduate, Post-Graduate)*

Please list any extracurricular activities you participated in during the course of your studies.

G. Other Educational Background Information

6.02 Do you speak, read or write any **foreign languages**? If so, please list, indicating your years of formal study and level of competence.

6.03 Are you trained in any other skills or trades that are not indicated on your transcript? If so, please list.

7: Employment and Financial Status

A. Past Employment History

7.01 *Excluding* your current or most recent employer, list chronologically, *(starting with the next most recent)* the last three full or part time jobs you have held.

EMPLOYER/TYPE OF WORK	CITY/STATE	DATES
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

B. Current or Most Recent Employment

7.02 Name of Current or Most Recent Employer _____

Address _____

NUMBER

STREET

CITY

STATE

ZIP CODE

Phone _____

7.03 Are you Self-Employed? _____

If not, give the name of your immediate supervisor. _____

Phone _____ E-Mail _____

7.04 Your Present Job Title _____ Dates of Employment _____

7.05 Describe your employment duties and responsibilities.

7.06 List any Non-Church/Parish affiliated volunteer work, not previously mentioned above, that you have done or are currently doing along with the date(s) (range) of service.

7.07 Are you involved in any sort of profit-seeking venture (e.g. business owner, internet sales) with an interest in continuing if accepted in seminary? Yes _____ No _____ If yes, explain.

Current Financial Indebtedness

7.08 Excluding education loans, do you currently have any personal debt? Yes _____ No _____
If yes, please indicate to whom you are indebted, the type of debt (e.g. car loan, credit cards, bank loans, or personal loans) and the current outstanding debt amount.

OWED TO	TYPE OF DEBT	CURRENT PAY OFF AMOUNT
1. _____		\$ _____
2. _____		\$ _____
3. _____		\$ _____
4. _____		\$ _____
TOTAL (Personal Debt)		\$ _____

7.09 Do you have any government, or privately secured college student loans? Yes _____ No _____
Are you the co-signer for someone else's loan? Yes _____ No _____
If yes, list the holding bank or agency and the outstanding payment amount.

BANK OR HOLDING AGENCY	CURRENT PAY OFF AMOUNT	
1. _____	\$ _____	
2. _____	\$ _____	
3. _____	\$ _____	
4. _____	\$ _____	
TOTAL (College Loan Debt)		\$ _____

D. Personal Assets

7.10 Do you have any personal assets that you plan to liquidate to pay-off any debt mentioned above?
Yes _____ No _____

7.11 If yes, please indicate the total value of these assets, which you plan to sell. _____

Personal Seminary Expenses

Seminarians are expected to finance personal expenses such as clothing, cell phone service, etc. Enclosed with the application is the financial policy for seminarians enrolled in the formation program for the Diocese of Scranton. Please review it carefully and contact the Vocations Director if you have questions or concerns about financial matters.

7.12 If accepted into our program of priestly formation, do you anticipate being able to cover the cost of personal expenses? Yes _____ No _____

7.13 Do you own a car, or have one, or are you in the process of purchasing one? Yes _____ No _____

Auto Insurance _____
Company _____

Section 8: Military Service

8.01 Have you served, or are you currently serving in the military? Yes _____ No _____ If yes, please list:

Branch of Service _____ Enlistment Date _____

Rank at Discharge _____ Discharge Date _____

If discharged, please provide copy of your DD-214. _____

Type of Discharge _____ Combat _____

Service Duties _____

Reserve Status _____

8.02 Are education benefits available to you from the military? Yes _____ No _____
If yes, briefly explain.

SECTION 9: OTHER MISCELLANEOUS PERSONAL INFORMATION AND INTERESTS

9.01 Please list any blogs, websites, or social media accounts that you maintain along with your account name or site address:

9.02 List the titles and authors of two or three books that have impacted you.

1. _____
2. _____
3. _____

9.03 List the names of the newspapers, websites, and magazines/periodicals that you read regularly (either print version or online):

1. _____
2. _____
3. _____
4. _____

9.04 Have you ever dated? Yes ____ No ____

9.05 Are you currently dating? Yes ____ No ____

9.06 Have you ever been in a serious romantic relationship? Yes ____ No ____

9.07 Have you ever been engaged? Yes ____ No ____

If yes, how long were you engaged and how old were both of you? _____

9.08 Have you ever cohabitated? Yes ____ No ____

9.09 Have you ever been married? (*Church, Civil, or "Common Law"*) Yes ____ No ____

If yes, please answer the following:

a. To Whom? _____

When? _____ Where? _____

By Whom? (*Church, Justice of the Peace, Minister, etc.*) _____

(*Note: Applicant must obtain and submit a copy of the marriage license*)

a. Is your former spouse deceased? Yes ____ No ____

If yes, date of death _____

(*Note: Applicant must obtain and submit a copy of the death certificate*)

b. Have you received a civil divorce? Yes ____ No ____

Grounds _____

c. Have you received a Church annulment? Yes ____ No ____

(Arch)diocese _____ Date _____ Protocol # _____

(*Note: Applicant must obtain and submit copies of the divorce and annulment decrees*)

9.10 Are you biologically or legally the father of any children? Yes _____ No _____

a. If yes, list their name(s) and present age(s)

9.11 Is anyone dependent on you financially? Yes _____ No _____ If yes, briefly explain.

SECTION 10: VOCATION DISCERNMENT AND UNDERSTANDING OF PRIESTLY IDENTITY

10.01 How old were you when you first thought of becoming a priest? _____

10.02 Who, besides yourself, contributed most to your consideration of the priesthood? Why?

10.03 Has anyone suggested or invited you to consider a vocation to the priesthood? If so, why? Have you heard this often?

10.04 Do your parents support your pursuit of a priestly vocation? Please comment.

10.05 Do any family members or close friends **not** support your decision to pursue a vocation to priesthood?
Yes ____ No ____

If yes, briefly explain who and to the best of your understanding their reasons why.

- 10.06 If you were **not** to become a priest, what other vocation and possible career choice do you think you might make?
- 10.07 In the Western (Latin) Church, in accord with Church discipline, a man who has an authentic vocation to the priesthood is called to fully embrace the God-given grace to live a chaste and celibate life, for the rest of his life. Understanding the necessary involvement and interactions that a priest has with many people, can you see or envision yourself living a lifelong calling of chaste celibacy? Yes _____ No _____
- 10.08 Have you ever committed an act of child abuse or sexual misconduct with a minor (someone under the age of 18)? Yes _____ No _____
- 10.09 Have you ever embraced a homosexual lifestyle, i.e. dating, cohabitating intimately with another man, publicly referred to yourself as a homosexual or gay man, or participated in events within the gay community, i.e. rallies, marches, gay bars? Yes _____ No _____

Describe the significance or your understanding of the following in one hundred words or less:

10.18 The Mass.

10.19 Sacred Scripture.

10.20 The Second Vatican Council.

10.21 The primary mission of the Church.

10.22 The Church and secular society.

10.23 The role of the laity.

10.24 The role of women in the Church.

10.25 Ecumenism.

I certify that, to the best of my knowledge, everything I have written in this application form is true and complete. I further confirm that I make this application of my own free will.

Signature of Applicant

Date

END OF PART I

PART II: MEDICAL, PSYCHOLOGICAL, AND CRIMINAL HISTORY

SECTION 1: MEDICAL FORMS AND PERSONAL PHYSICIAN'S PHYSICAL EXAMINATION

(Paid for by the Applicant)

Please arrange for a physical examination with your personal physician as soon as possible. Please have your doctor complete the **Medical History and Physician Examination Form**. Please complete your portion of the form electronically then print it for your doctor to complete the rest.

Please sign the **Permission to Release Medical Evaluation Reports** included in the folder and return it with the completed application.

SECTION 2: PSYCHOLOGICAL EXAMINATION *(Paid for by the Diocese of Scranton)*

Please contact the psychologist *(whose name and contact information has been provided to you.)* Do not delay in arranging a mutually agreeable time for you to undertake the necessary psychological testing and interviews. The psychologist will forward results directly to the Office of Vocations. Please sign the **Permission to Release Psychological/Psychotherapy Notes/Records/Reports**, which is included in the folder, regarding your agreement to submit to a psychological evaluation by a professionally qualified person chosen by the Diocese of Scranton, and agreement, if requested, to submit to such future evaluations during your participation in our program for priestly formation. Return the signed release form with your application.

SECTION 3: CRIMINAL RECORD CHECKS/CLEARANCES

Complete the Background Check Application form provided in the packet, sign, and return it with your application to Rev. Alex Roche, Vocation Director, 300 Wyoming Avenue, Scranton, PA 18503. This will enable the Vocation Office to perform a **PA State Police Criminal History Check**.

Act 114 FBI Clearance: Follow instructions found in packet to register online (cost approximately \$22) and then go to a fingerprint site (list found online). Once you receive this clearance, submit original copy along with Reimbursement Form and the Diocese of Scranton will send you a check for the fee.

Act 33 Pennsylvania Child Abuse History Clearance: Follow instructions found in packet to apply (no cost – complete online as “Volunteer”); once you receive this clearance, submit original copy to Vocation Office.

SECTION 4: DIOCESE OF SCRANTON YOUTH PROTECTION PROGRAM

Code of Pastoral Conduct Statement (2 pages in packet): Read, sign, and return the second page with your application.

Mandated Reporter Training: Follow instructions found in packet to complete the training online at no cost (takes 3 to 4 hours total- you can save your work and go back to it). Certificate of completion must be printed and submitted to the Vocation Office.

VIRTUS: Protecting God's Children®: An applicant accepted into the formation program will complete the *VIRTUS* training with Diocesan officials before leaving for the seminary, and thereafter read and complete online monthly ongoing-training bulletins at www.VIRTUS.org and be sure to maintain his current email address on the VIRTUS site.

END OF PART II

PART III: REFERENCES, AUTOBIOGRAPHY AND ESSAY, SACRAMENTAL RECORDS AND SCHOOL TRANSCRIPTS

SECTION 1: REFERENCES

Please obtain letters of recommendation from the following people:

- Current Pastor
- Another Priest or Religious Sister/Brother
- Recent Professor, Teacher or Academic Advisor (Counselor) (*if applicable*)
- Employer or Supervisor (*if applicable*)
- An Adult Sibling or another close friend

Included in the application packet are guidelines for the letters of recommendation. Please give them to those who are completing the letters. Please inform your references that their letters should be mailed directly to the Vocations Office.

SECTION 2: AUTOBIOGRAPHY AND ESSAY

You are asked to complete an autobiography and an essay on the Priesthood. Directions for both documents are included in the packet.

SECTION 3: SACRAMENTAL RECORDS AND SCHOOL TRANSCRIPTS

SACRAMENTAL RECORDS

Please include with your application the following:

2 BAPTISMAL CERTIFICATES (*Must be dated/issued within the last three months; copies of original are **not** acceptable*)

2 COPIES of your Confirmation Certificate (*copies of original are acceptable*)

2 COPIES of Parents' (Church) Marriage Certificate or (2) COPIES of Parents' (State) Marriage License (*copies of original are acceptable*)

OFFICIAL SCHOOL TRANSCRIPTS

Do not enclose ~ Ask Registrar/School to mail the following directly to:

Rev. Alex J. Roche, S.T.L.
Office of Vocations
300 Wyoming Avenue
Scranton, PA 18503

or

Rev-Alex-Roche@dioceseofscranton.org

from your **High School**, *if you have **not** completed at least a Bachelor's Degree*

from your **Undergraduate College(s)/University**, *if applicable*

from your **Post-Graduate College(s)/University or Seminary**, *if applicable*

END OF PART III