

PRIEST'S CURRICULUM VITAE - DIOCESE OF BATON ROUGE

(Please type all information)

NAME _____
(last) (first) (middle)

BORN _____
(date) (city)

BAPTIZED _____
(date) (church) (city)

DIACONATE ORDINATION: _____
(date) (ordaining bishop)

(church) (city)

PRIESTLY ORDINATION: _____
(date) (ordaining bishop)

(church) (city)

“FIRST” MASS OF THANKSGIVING: _____
(date) (city)

FATHER'S FULL NAME: _____

Is father deceased? _____ If so, date of his death? _____

MOTHER'S FULL MAIDEN NAME: _____

Is mother deceased? _____ If so, date of her death? _____

IN CASE OF AN EMERGENCY, NOTIFY:

1. _____
(name) (relationship)

(address) (telephone)

2. _____
(name) (relationship)

(address) (telephone)

SCHOOLS ATTENDED:

Elementary: _____
(name) (city) (years)

(name) (city) (years)

Secondary _____
(name) (city) (years)

(name) (city) (years)

College/University (Undergraduate):

(name) (city) (years)

(name) (city) (years)

Graduate School (Theology and other):

(name) (city) (years)

(name) (city) (years)

DEGREES EARNED:

(degree)	(school)	(date)
(degree)	(school)	(date)
(degree)	(school)	(date)
(degree)	(school)	(date)

HONORARY DEGREES:

(degree)	(school)	(date)
(degree)	(school)	(date)

WORKS PUBLISHED:

(title)	(date)	(periodical/publisher)
(title)	(date)	(periodical/publisher)
(title)	(date)	(periodical/publisher)

PROFESSIONAL MEMBERSHIPS:

(name of society/organization)	(since date)
(name of society/organization)	(since date)
(name of society/organization)	(since date)
(name of society/organization)	(since date)
(name of society/organization)	(since date)

ECCLESIASTICAL HONORS RECEIVED:

(honor)	(from whom?)	(date)
(honor)	(from whom?)	(date)

ADMINISTRATIVE ASSIGNMENTS:

National or provincial:

(position)	(from)	(to)
(position)	(from)	(to)
(position)	(from)	(to)

Diocesan
(Curial/Consultative):

(position)	(from)	(to)
(position)	(from)	(to)
(position)	(from)	(to)

(position)		(from)		(to)
(position)		(from)		(to)
(position)		(from)		(to)

PAROCHIAL ASSIGNMENTS (in chronological order, please):

(parish)	(city)	(position)	(from)	(to)
(parish)	(city)	(position)	(from)	(to)
(parish)	(city)	(position)	(from)	(to)
(parish)	(city)	(position)	(from)	(to)
(parish)	(city)	(position)	(from)	(to)
(parish)	(city)	(position)	(from)	(to)
(parish)	(city)	(position)	(from)	(to)
(parish)	(city)	(position)	(from)	(to)
(parish)	(city)	(position)	(from)	(to)
(parish)	(city)	(position)	(from)	(to)
(parish)	(city)	(position)	(from)	(to)
(parish)	(city)	(position)	(from)	(to)
(parish)	(city)	(position)	(from)	(to)
(parish)	(city)	(position)	(from)	(to)
(parish)	(city)	(position)	(from)	(to)

OTHER ASSIGNMENTS (chaplancies, etc.):

(assignment)	(city)		(from)	(to)
(assignment)	(city)		(from)	(to)
(assignment)	(city)		(from)	(to)
(assignment)	(city)		(from)	(to)
(assignment)	(city)		(from)	(to)
(assignment)	(city)		(from)	(to)

FULL-TIME EMPLOYMENT (IF ANY) PRIOR TO ENTERING SEMINARY:

(employer)	(position)		(from)	(to)
(employer)	(position)		(from)	(to)

MILITARY SERVICE: _____
(branch of service) (highest rank) (dates)

(branch of service) (highest rank) (dates)

HAVE YOU EVER BEEN ADMITTED TO OR TAKEN VOWS IN A RELIGIOUS ORDER, CONGREGATION, OR INSTITUTE? _____ Yes _____ No

WERE YOU ORDAINED FOR ANOTHER DIOCESE OR RELIGIOUS ORDER? _____ Yes _____ No

(If either or both of the two preceding questions was answered "Yes," please indicate the name of the Diocese or Religious community, the years you were involved, and the extent of your affiliation:

(name) (when?) (affiliation)

When did you first begin ordained ministry in the Diocese of Baton Rouge?

(date) (place)

Have you ever requested incardination with the Diocese of Baton Rouge?

_____ Yes _____ No Date of incardination, if granted _____

SOCIAL SECURITY NUMBER: _____

DO YOU HAVE ANY CHRONIC HEALTH PROBLEMS? _____ Yes _____ No

If "yes," describe briefly: _____

AUTOMOBILE LIABILITY INSURANCE:

(name of insurer) (agent)

(address) (telephone)

WHERE IS YOUR "LAST WILL AND TESTAMENT" FILED? _____
_____ •

WHERE ARE YOUR FUNERAL - AND BURIAL - INSTRUCTIONS FILED? _____
_____ •

PLEASE ATTACH TO THIS FORM ANY OTHER INFORMATION WHICH YOU BELIEVE SHOULD BE KEPT ON FILE AT THE CHANCERY (information concerning family members, medical or property information, etc.). RETURN THIS FORM WITH ALL ATTACHMENTS TO THE CHANCERY, DIOCESE OF BATON ROUGE, POST OFFICE BOX 2028, BATON ROUGE, LA 70821-2028.

(date) (signature)

• This information may be kept on file at the Chancery if you wish.