



# ARCHDIOCESE OF WASHINGTON

## EXTERN PRIEST APPLICATION FORM

Date \_\_\_\_\_

• **BASIC INFORMATION** (*Please Type or Print*)

Name: \_\_\_\_\_  
*Last First Middle*

**Residence in Archdiocese of Washington:**

\_\_\_\_\_  
*Residence*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State Zip*

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
*Daytime Phone Cell Phone*

\_\_\_\_\_  
*Social Security No. E-mail*

*IF NON-U.S. CITIZEN*, Date Entered the U.S.: \_\_\_\_\_

Date of Arrival in Archdiocese of Washington: \_\_\_\_\_

Why are you in, or coming to, the Archdiocese of Washington? (*Please be specific and answer fully.*) \_\_\_\_\_

**Please check type of placement/ministry requested:**

Assistance with Mass and Confessions in exchange for room and board while attending classes at \_\_\_\_\_

Occasional or regular (e.g., weekend) assistance with Mass and Confessions *without residence in a rectory*. Please specify location(s) of ministry: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

Parish Experience? \_\_\_\_\_ How long? \_\_\_\_\_

Administrative Positions Held: \_\_\_\_\_

How long do you plan to remain in the Archdiocese of Washington? \_\_\_\_\_

Date you will return to your own Diocese or Order: \_\_\_\_\_

Do you have your Ordinary's/Superior's approval to come here for this purpose? \_\_\_\_\_

• **PERSONAL DATA OF APPLICANT**

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_ If you are NOT a U.S. citizen, are you  
legally eligible for employment in the  
United States? \_\_\_\_\_

*(Please provide documentation required by law as to your Visa and immigration status.)*

Languages Spoken:

(1) Native Language: \_\_\_\_\_

(2) \_\_\_\_\_  **Fluent**     **Average**     **Poor**

(3) \_\_\_\_\_  **Fluent**     **Average**     **Poor**

(4) \_\_\_\_\_  **Fluent**     **Average**     **Poor**

How well do you speak ENGLISH?     **Fluent**     **Average**     **Poor**

Special Skills, Certification(s), or Licenses? *Please list or describe:*

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Do you have any medical, physical or other condition(s), that might affect your performance as a priest or your living situation?     **YES**     **NO**

*If Yes, please explain:*

\_\_\_\_\_  
\_\_\_\_\_

Have you participated in a Child Protection program in your diocese/order?  YES  NO

If so, which program?: \_\_\_\_\_

Have you been fingerprinted and a criminal background check completed?:  YES  NO

• **CANONICAL INFORMATION**

**Date of ordination:** \_\_\_\_\_

**Diocese of Incardination or Religious Order:** \_\_\_\_\_

*Ordinary or Religious Superior:*

**Name:** \_\_\_\_\_

*Last First Middle*  
**Address:** \_\_\_\_\_

\_\_\_\_\_  
*City State/Province Country Zip*  
( )  
*Daytime Phone*

**Last Assignment:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
*City State/Province Country Zip*  
( )  
*Daytime Phone*

**Pastor/Superior:** \_\_\_\_\_

( )  
*Daytime Phone*

• **ACADEMIC INFORMATION**

**Seminary Attended:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
*City State/Province Country Zip*

**College or University:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
*City State/Province Country Zip*

Institution	Degree Earned	Year Awarded

• **APPLICANT’S CERTIFICATION**

**I certify that the information provided in this application is true, correct and complete to the best of my knowledge. I have the approval of my Ordinary/Superior to come to the *Archdiocese of Washington* for the specific purpose(s) stated in this application. I give the *Archdiocese of Washington* permission to verify any of the information provided in this application and authorize previous and current employers and/or other organizations to release all relevant records and information.**

\_\_\_\_\_  
*Signature* *Date*

***Please return this form to:***

\_\_\_\_\_  
 Clergy Office  
 Archdiocesan Pastoral Center  
 P.O. Box 29260  
 Washington, D.C. 20017-0260