ST. BEDE ABBEY QUESTIONNAIRE FOR CANDIDATES

Name		
Last name	First name	Middle Initial
Address	Phone number	
Date of birth Pla	ce of birth (city and state)	
Father's name Last name	First name	Middle Initial
Mother's name		Mi 111- T
Married name (Maiden Name)	First name	Middle Initial
Are your parents still living?	Are they still married?	
If your parents are divorced when did the divorce	occur? Did they remarry? When	did they remarry?
List the name and ages of brothers and sisters		
Is your family Catholic? If not, then please explain	n	
Have you been baptized? Co	onfirmed?	Convert?
Have you ever been married? If so, then please en	xplain your present status?	
Please specify how much formal education you ha	ave received and where, as follows:	:
Grade School		
High School		
College		
Other		

If you have worked or l	been engaged in other ac	tivities besides going to s	school, please explain the	nature of these
activities				

Have you ever been in a seminary or had any connection with a religious order? If so, then please specify.

How did you come to know about St	Bede Abbey and why do you	u think you may be interested in the life of our
community?		

Please explain any serious physical or mental disabilities you have suffered?

Name and address of your physician	
Name and address of your pastor	
Names and addresses of two persons who and know you well and could recommend you	

If there is any further information about yourself which you think would be of interest to us, please write it in the space below.