



Pontifical North American College

2026-2027 FORMATION YEAR

APPLICATION FOR ADMISSION

Last Name <i>(as on Passport)</i>		First Name <i>(as on Passport)</i>		Middle Name <i>(as on Passport)</i>	
Diocese <i>(for which you expect to be ordained)</i>				Social Security Number	
Place of Birth <i>(City/State or Province/Country)</i>				Date of Birth <i>(MM/DD/YY)</i>	
Country of Citizenship	Passport Number	Place of Issue	Date of Issue <i>(DD/MM/YYYY)</i>	Date of Expiration <i>(DD/MM/YYYY)</i>	
Have you ever applied for a visa or <i>soggiorno</i> from Italy before?			No	Yes – give details:	

To which Pontifical Roman University have you been assigned by your Diocese? <i>(If an assignment has been made)</i>	
<input type="checkbox"/> Pontifical Gregorian University (www.unigre.it)	
<input type="checkbox"/> Pontifical University of Saint Thomas (Angelicum) (www.angelicum.org)	
<input type="checkbox"/> Pontifical University of the Holy Cross (Santa Croce) (www.pusc.it)	
Names of all seminaries you have attended:	Level Years (YYYY-YYYY) <input type="checkbox"/> Propaedeutic <input type="checkbox"/> Discipleship

CONTACT INFORMATION *(Permanent Address)*

Address			
City	State/Province	Country	Zip/Post Code
Phone		Personal E-mail Address	

*****All responses on the application form must be typed, not hand written.
Please complete this form electronically and save a completed PDF
version. *****

IMMEDIATE DIOCESAN SUPERVISOR *(Director of Seminarians/Director of Vocations/Other)*

Name		Title	
Address			
City	State/Province	Country	Zip/Post Code
Phone		E-mail Address	

SACRAMENTAL / RITUAL HISTORY**TRANSFER OF RITE**

Date of Baptism <i>(MM/DD/YY)</i>	Place of Baptism <i>(Parish/City/State or Province)</i>	<i>*Please send documentation if applicable.</i>
Date of First Eucharist <i>(MM/DD/YY)</i>	Place of First Eucharist <i>(Parish/City/State or Province)</i>	
Date of Confirmation <i>(MM/DD/YY)</i>	Place of Confirmation <i>(Parish/City/State or Province)</i>	Confirmed by
Have you ever been admitted to any of the following?		
Ministry/Order	Date <i>(MM/DD/YY)</i>	Location <i>(Parish/City/State or Province)</i>
Candidacy		
Lector		
Acolyte		
Diaconate		

ETHNIC BACKGROUND

(The North American College, along with all U.S. seminaries, is requested to report annually this information to the United States Conference of Catholic Bishops and the Center for Applied Research in the Apostolate (CARA). This information is voluntary, does not enter into admissions decisions, and will not be used for any other purpose.)

- | | |
|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Latin American/Latino |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other: Please Specify _____ |

HOME PARISH

Name of Parish		Pastor	
Address			
City	State/Province	Country	Zip/Post Code
Phone		E-mail Address	

FAMILY INFORMATION - FATHER

Father's Name <i>(First, Middle Initial, Last)</i>		Religion	Living or Deceased? <input type="checkbox"/> Living <input type="checkbox"/> Deceased
Address			
City	State/Province	Country	Zip/Post Code
Phone	Education <i>(Highest grade level or degree completed)</i>	Occupation	

FAMILY INFORMATION - MOTHER

Mother's Maiden Name <i>(First, Middle Initial, Last)</i>		Religion	Living or Deceased? <input type="checkbox"/> Living <input type="checkbox"/> Deceased
Address			
City	State/Province	Country	Zip/Post Code
Phone	Education <i>(Highest grade level or degree completed)</i>	Occupation	

PARENTS' MARITAL STATUS

<input type="checkbox"/> Sacramental Marriage	<input type="checkbox"/> Church Annulment	<input type="checkbox"/> Divorced
<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced and Remarried Civilly
<input type="checkbox"/> Widowed and Remarried	<input type="checkbox"/> Civil Marriage only	<input type="checkbox"/> Never Married to Each Other

STEPPARENTS *(if applicable)*

1) Name <i>(First, Middle Initial, Last)</i>		Religion	Living or Deceased? <input type="checkbox"/> Living <input type="checkbox"/> Deceased
Address			
City	State/Province	Country	Zip/Post Code

2) Name <i>(First, Middle Initial, Last)</i>		Religion	Living or Deceased? <input type="checkbox"/> Living <input type="checkbox"/> Deceased
Address			
City	State/Province	Country	Zip/Post Code

LIST OF SIBLINGS

Name	Year of Birth	Occupation	Marital Status	Practicing Catholic?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY CONTACT INFORMATION

In the event of an emergency, who should the North American College contact?

Your Name <i>(First, Middle Initial, Last)</i>

EMERGENCY CONTACT 1

Name <i>(First, Middle Initial, Last)</i>		Relationship to you	
Address			
City	State/Province	Country	Zip/Post Code
Home Phone	Cell Phone		Work Phone
Employer	Employer's Address		

EMERGENCY CONTACT 2

Name <i>(First, Middle Initial, Last)</i>		Relationship to you	
Address			
City	State/Province	Country	Zip/Post Code
Home Phone	Cell Phone		Work Phone
Employer	Employer's Address		

MILITARY SERVICE

Have you ever served in the Armed Forces? ☐Yes ☐No

If YES, please fill out the following and submit a copy of your discharge with the application.

Branch of Service		
Dates of Service (MM/DD/YY to MM/DD/YY)	Date of Discharge (MM/DD/YY)	Rank at Discharge
Are you presently on Active Duty?	Are you presently in the Reserves of the Armed Forces?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are presently on active duty or in the Reserves, please give details of your service requirements.		

VOCATIONAL CONSIDERATIONS

Have you ever been engaged? ☐Yes ☐No

Have you ever been married? ☐Yes ☐No

Have you ever attempted marriage? ☐Yes ☐No

Are you financially or legally responsible for any minor children? ☐Yes ☐No

If you have answered YES to any of these four questions, please explain fully:

Is there anything in your past, which may cause someone to raise an objection to your being ordained to the priesthood? ☐Yes ☐No

If YES, please comment:

Have you ever been refused admission or acceptance into any seminary, (arch)diocese, Religious Order or Community? Have you ever been dismissed from any seminary, (arch)diocese, Religious Order or Community? ☐Yes ☐No

<p>If YES to either question, please give details, including address and telephone number for contact person:</p>

Have you ever been sponsored by a diocese or Religious Order other than your present diocese?

☐Yes ☐No

If YES, please give details concerning your transfer:

Have you ever entered, even for a trial period, a Religious Order or Community of priests or brothers?

☐Yes ☐No

Have you ever taken vows in a Religious Order or Community? ☐Yes ☐No

If you answered YES to either of the above, please provide details including dates and information on the Religious Order or Community:

Have you ever been ordained for any other Church or ecclesial communion? ☐Yes ☐No

If YES, please give details:

Were you born into, baptized in, or raised in another Church or religious body other than the Roman Catholic Church?

☐Yes ☐No

Have you ever been away from the Church for a period of time?

☐Yes ☐No

Were you baptized as an infant?

☐Yes ☐No

Were you baptized as a youth or adult (i.e., not at infancy)?

☐Yes ☐No

If you answered YES to any of these questions please provide details - date and place and location of Baptism and Confirmation, length of time away from the Church and the circumstances of your return to the Church.

FINANCIAL RESPONSIBILITY

Who will be responsible for your tuition?

Are you currently in debt (over \$1,000)? ☐Yes ☐No

Have you ever defaulted on any loan(s)? ☐Yes ☐No

If you answered YES to either question, please provide details and distinguish between consumer debt and educational debt:

How have you handled your past financial concerns?

Do you have any responsibilities for the care of someone else's finances or material goods, such as being the executor of an estate, holding a power of attorney, or acting as a surety for another person? ☐Yes ☐No

Do you have anyone who is dependent financially on you? ☐Yes ☐No

If YES, please provide details of your responsibilities:

DIOCESE FINANCIAL INFORMATION FOR BILLING

Name (Last First Middle)	Title	Phone
Role: Head Accountant, Controller/CFO, Administrative Assistant	Email Address	

Name (Last First Middle)	Title	Phone
Role: Head Accountant, Controller/CFO, Administrative Assistant	Email Address	

Name (Last First Middle)	Title	Phone
Role: Head Accountant, Controller/CFO, Administrative Assistant	Email Address	

HEALTH-RELATED QUESTIONS:

Do you have any physical handicaps or limitations? ☐Yes ☐No

If YES, please describe:

Have you ever engaged in the use of "recreational" drugs? ☐Yes ☐No

Do you currently use recreational drugs? ☐Yes ☐No

Do you currently use tobacco products? ☐Yes ☐No

Have you ever engaged in the use of alcohol? ☐Yes ☐No

If you answered YES to any of these questions please indicate frequency, circumstances, duration and intensity of this use in the past and at the present:

Have you ever been treated medically or through any self-help or professional program for alcoholism, drug addiction, overeating, gambling, or other compulsive behavior? ☐Yes ☐No

Have you ever been, or are you now, under treatment for a nervous or psychological disorder? ☐Yes ☐No

Regarding immediate family members (father, mother, brothers, sisters, uncles, aunts), has anyone ever been or is now under treatment for a nervous or psychological disorder? ☐Yes ☐No

If you answered YES to any of these questions, please give details:

Have you ever been hospitalized for more than three days continuously? ☐Yes ☐No

Have you ever been involved in any serious accidents? ☐Yes ☐No

Are you currently taking any prescribed medication(s)? ☐Yes ☐No

If you answered YES to any of these questions, please provide details (including any medication(s) you are taking at the present time and the reason(s) for the prescription):

Has it ever been suspected or have you ever been diagnosed with a learning disability, ADD/ADHD or Asperger's Syndrome? ☐Yes ☐No

If YES, please give details:

Do you have a tattoo(s) and/or other artificial body markings? ☐Yes ☐No

If YES, please describe number, type, location and content:

Do you have any allergies to wheat or is there any reason why you would not be able to consume the Precious Blood? ☐Yes ☐No

If YES, please explain:

SOCIAL LIFE

Please list some of your hobbies and/or pastimes, and describe your social life:

Please describe your use of the internet and social media. You are asked to include the following [your use of social media accounts; listing the social media sites in which you have an active account; the amount of time you spend per week on social media and other internet-based sites, i.e. YouTube, Netflix, etc.]:

Please list any skills, talents or proficiency you may have as well as any special duties you may have had at your previous seminary:

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EMPLOYMENT BACKGROUND:

List the last three jobs you have held and indicate why you left each position:

Job Position 1	Dates (YYYY-YYYY)	Employer
Reason for Leaving:		
Job Position 2	Dates (YYYY-YYYY)	Employer
Reason for Leaving:		
Job Position 3	Dates (YYYY-YYYY)	Employer
Reason for Leaving:		

MISCELLANEOUS QUESTIONS:

Have you ever been convicted of a misdemeanor, felony or major crime? ☐Yes ☐No

If YES, please explain:

Are there any other self-disclosures you would like to make in order to help the Pontifical North American College obtain a better understanding of you? ☐Yes ☐No

If YES, please explain:

CANONICAL STATUS:

42) The following constitute canonical impediments to ordination and could require dispensation. Please check as applicable.

- (c. 1041, 1°) Have you ever suffered from any form of incapacitating insanity or ever committed yourself to or been committed to a psychiatric facility? ☐Yes ☐No
- (c. 1041, 2°) Have you ever publicly abandoned the Catholic Church? ☐Yes ☐No
 Have you publicly advocated any views contrary to the teachings of the Catholic Church? ☐Yes ☐No

- Have you ever joined another religious body by a formal act? ☐Yes ☐No
- (c. 1041, 3°) Have you ever attempted a marriage (even civilly) even though you were not free to do so because of a previous marriage, a prior ordination, or a prior vow of chastity to a religious institute? ☐Yes ☐No
- (c. 1041, 4°) Have you ever committed voluntary homicide or ever performed a voluntary abortion or positively cooperated in the procurement of an abortion? ☐Yes ☐No
- (c. 1041, 5°) Have you ever mutilated yourself or another person, or have you ever attempted suicide? ☐Yes ☐No
- (c. 1041, 6°) Have you ever performed some act reserved to some degree of holy orders (diaconate, priesthood, episcopacy) while you lacked the order? ☐Yes ☐No
- (c. 1042, 1°) Are you currently bound by some marriage you contracted? ☐Yes ☐No

If you answered YES to any of these questions, please give details.

Signature: _____

Date: _____