RELIGIOUS COMMUNITY INFORMATION

Name of Religious Congregation	n Today's Date:			e:	
Religious Order Initials	Jurisdiction:	P-Pontifical	D-Diocesan	NC - Non Canonical	
Residence Name					
Residence Address	City		State	Zip Code	
Residence/Convent Telephone #		Residence	ce Fax #		
Religious Community Webpage	Number of Religious living at this address:				
Provincial House Name		Provinc	ial Superior		
Prov. Telephone #	Prov. Add	lress			
City, State, Zip Code		Name of G	eneral Superior		
Mother House Name	Mother House Mailing Address				
		Mother House	se Telephone #		
Please list alphabetically all Religious livi apostolate, please give description or min Religious Education, Social Ministry, P. Employed use Work of Congregation.	istry along with positio <mark>Pastoral Ministry, Hos</mark>	on and location of minis spital, Retreat, Retire	stry. For ministries, pl d, Use <u>OTHER</u> If ca	ease indicate: <u>Education,</u> ring for sick parent(s), If no	
First Name	Last Name		Date of	Birth	
Place of Birth	Date of	First Assignment in the	e Archdiocese of Mia	mi	
Date of Reception	Date of	f First Profession	Date of Fina	al Profession	
Date of Religious Priesthood Ordination _	Present	t Ministry Position			
Location of Ministry Position/Parish/Scho	ool/Hospital, etc				
		k/Cell Phone Number			
*Please provide previous ministry experienc	2	-			
First Name	Last Name		Date of	Birth	
Place of Birth	Date of	First Assignment in the	e Archdiocese of Mia	mi	
Date of Reception	Date of	f First Profession	Date of Fina	al Profession	
Date of Religious Priesthood Ordination _	Presen	t Ministry Position			
Location of Ministry Position/Parish/Scho	ool/Hospital, etc				
Personal E-Mail*Please provide previous ministry experience	Wor	k/Cell Phone Number lace served on a separat	e sheet of paper		

Archdiocese of Miami * Office for Religious * 9401 Biscayne Boulevard, Miami Shores, Florida 33138 www.miamiarchdiocese.org/religious * E-Mail: religious@theadom.org * Phone 305-762-1082 * Fax 305-754-7762

First Name	Last Name	Date of Birth		
Place of Birth	Date of First Assign	Date of First Assignment in the Archdiocese of Miami		
Date of Reception	Date of First Profes	Date of First Profession Date of Final Profession		
Date of Religious Priesthood Ordination	Present Ministry P	osition		
Location of Ministry Position/Parish/Schoo	l/Hospital, etc.			
*Please provide previous ministry experience	along with date and place served o	e Number on a separate sheet of paper		
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Please e-mail, fax or mail the completed form to the Office for Religious. Please feel free to call or e-mail us with any questions or concerns.