



Diocese of Raleigh
Biographical Information Form
for Priests of the Diocese

Personal Information

First Name _____ Middle Initial _____ Last Name _____

Cell Phone (____) _____ Preferred E-mail Address: _____
(To be used for Diocesan communications)

Birth Date _____ City _____ State _____

Family Members

Father's Full Name _____

Mother's Full Maiden Name _____

Please List Siblings (list on additional sheets if necessary)

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____ First _____ Middle Initial _____ Last _____

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____ First _____ Middle Initial _____ Last _____

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____ First _____ Middle Initial _____ Last _____

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____ First _____ Middle Initial _____ Last _____

Emergency Contact Person(s)

Local Emergency Contact

Name _____

Address _____

Preferred Phone (____) _____ E-mail Address: _____

Family Member Emergency Contact

Name _____

Address _____

Preferred Phone (____) _____ E-mail Address: _____

Health Care Power of Attorney

Name _____

Address _____

Preferred Phone (____) _____ E-mail Address: _____

Date of Appointment _____

Education and Priestly Formation

College/University _____ Years of Study _____ Degree(s) _____

College Seminary _____ Years of Study _____ Degree(s) _____

Major Seminary _____ Years of Study _____ Degree(s) _____

Additional Studies _____ Years of Study _____ Degree(s) _____

Ordination

Diaconate: Date: _____ Place: _____ Ordaining Prelate _____

Priesthood: Date: _____ Place: _____ Ordaining Prelate _____

Priestly Ministry Appointments/Assignments (list on additional sheets if necessary)

Assignment _____

Location _____ Years _____
(Example: 2011-2017)

Assignment _____

Location _____ Years _____

Assignment _____

Location _____ Years _____

Assignment _____

Location _____ Years _____

Assignment _____

Location _____ Years _____

FOR INTERNAL USE ONLY

Will * ☐ Date Submitted _____ Health Care Power of Attorney* ☐ Date Submitted _____

Funeral Mass Planning Sheet* ☐ Date Submitted _____ Living Will* ☐ Date Submitted _____

*Official copies of these documents are to be sent to the Office of the Vicar General to be stored in the confidential file.

Verification of Rectory/Residence Information

Address _____

E-mail Address: _____

City _____ State _____ Zip _____

Preferred Phone (____) _____ / Fax (____) _____

Date Form Submitted _____

- **Kindly return to this form to officeofthevicargeneral@raldioc.org or 919-645-4430 by FAX or by mail.**