

# *CITI Ministries, Inc.*

PO Box 822 – Bowie, MD 20718 – Tel: 301-464-5690 – Fax: 301-464-5691  
[info@citiministries.org](mailto:info@citiministries.org)

## CONFIDENTIAL CITI MINISTRIES QUESTIONNAIRE

- Please fill out and return by mail along with a copy of your Birth or Baptismal Certificate as well as proof of Latin Rite ordination to: CITI Ministries, Inc., PO Box 822, Bowie, MD 20718.
- All applicants are subject to a background check. Please note that CITI Ministries reserves the right to cancel any membership at its sole discretion if it is in the best interest of the organization and its mission.

### PERSONAL BACKGROUND

Full Name \_\_\_\_\_ Today's date \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (provide Birth or Baptismal Certificate)

Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Other Names Used: Name: \_\_\_\_\_ M/Y to M/Y: \_\_\_\_\_

Name: \_\_\_\_\_ M/Y to M/Y: \_\_\_\_\_

What is your mother's maiden name? \_\_\_\_\_

Are you a citizen of the United States, or national by birth in the U.S. or U.S. territory/possession? Yes \_\_\_ No \_\_\_

If not born in the U.S., please check one of the following:

\_\_\_\_\_ I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession.

\_\_\_\_\_ I am a U.S. citizen, but I was NOT born in the U.S. (See **A** and **B**)

\_\_\_\_\_ I am not a U.S. citizen (See **C**)

#### **A Citizenship--If you are a U.S. citizen but not born in the U.S.**

Naturalization Certification Court: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Citizenship Certificate City: \_\_\_\_\_ State:

Certificate Number: \_\_\_\_\_ Date Issued:

Date Form prepared: \_\_\_\_\_ Explanation: \_\_\_\_\_

U.S. Passport      Passport Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**B Citizenship—Dual Citizenship--If you are (or were) a dual citizen of the U.S. and another country, provide the name of that country:** \_\_\_\_\_

**C Citizenship—Alien**

City/state you entered the U.S.: \_\_\_\_\_ Date you entered the U.S. Month/date/year: \_\_\_\_\_

Alien Registration Number: \_\_\_\_\_ Country(ies) of Citizenship: \_\_\_\_\_

I still live in this foreign country: \_\_\_\_\_

**EMPLOYMENT HISTORY**

*Please list your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks.*

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#1      Month/Year: \_\_\_\_\_ to Month/Year: \_\_\_\_\_ (present)  
Employer: \_\_\_\_\_ Your Position: \_\_\_\_\_  
Street Address of Job Location: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tel: (    )    - \_\_\_\_\_  
Supervisor's Name & Street Address (if different than job location): \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Tel: \_\_\_\_\_ Email: \_\_\_\_\_

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#2      Month/Year: \_\_\_\_\_ to Month/Year: \_\_\_\_\_  
Employer: \_\_\_\_\_ Your Position: \_\_\_\_\_  
Street Address of Job Location: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tel: (    )    - \_\_\_\_\_  
Supervisor's Name & Street Address (if different than job location): \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Tel: \_\_\_\_\_ Email: \_\_\_\_\_

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#3      Month/Year: \_\_\_\_\_ to Month/Year: \_\_\_\_\_  
Employer: \_\_\_\_\_ Your Position: \_\_\_\_\_  
Street Address of Job Location: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tel: (    )    - \_\_\_\_\_  
Supervisor's Name & Street Address (if different than job location): \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Tel: \_\_\_\_\_ Email: \_\_\_\_\_

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#4      Month/Year: \_\_\_\_\_ to Month/Year: \_\_\_\_\_  
Employer: \_\_\_\_\_ Your Position: \_\_\_\_\_  
Street Address of Job Location: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tel: (    )    - \_\_\_\_\_  
Supervisor's Name & Street Address (if different than job location): \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Tel: \_\_\_\_\_ Email: \_\_\_\_\_

#5 Month/Year: \_\_\_\_\_ to Month/Year: \_\_\_\_\_  
Employer: \_\_\_\_\_ Your Position: \_\_\_\_\_  
Street Address of Job Location: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tel: ( ) - \_\_\_\_\_  
Supervisor's Name & Street Address (if different than job location): \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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#6 Month/Year: \_\_\_\_\_ to Month/Year: \_\_\_\_\_  
Employer: \_\_\_\_\_ Your Position: \_\_\_\_\_  
Street Address of Job Location: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tel: ( ) - \_\_\_\_\_  
Supervisor's Name & Street Address (if different than job location): \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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*Please use a separate sheet if you need more space.*

### YOUR PRIESTHOOD

Date of Ordination: \_\_\_\_\_ Bishop's Name: \_\_\_\_\_  
Order priest: \_\_\_\_\_ What order: \_\_\_\_\_ Diocesan: \_\_\_\_\_ What diocese: \_\_\_\_\_

***(Ordination certificate required, if not already on file)***

At what age did you enter seminary? \_\_\_\_\_  
What is the last year we will find your name listed in *The Official Catholic Directory*? \_\_\_\_\_  
Where was your final assignment? City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_  
Please indicate if you were a parish priest or what your assignment was: \_\_\_\_\_  
How many assignments did you have in the final ten years (or fewer if transition was shorter)? \_\_\_\_\_  
Transition Date: \_\_\_\_\_  
Why did you leave? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to join CITI and return to ministry? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with or convicted of any felony? No Yes (explain below)  
\_\_\_\_\_  
\_\_\_\_\_

Have you received information regarding any complaint or notice of hearing from any state or federal authority, agency or legislative committee, or do you know of any pending authority, agency or legislative committee, or do you know of any pending federal, state or local government's action against you? No Yes \_\_\_\_\_  
explain: \_\_\_\_\_  
\_\_\_\_\_

Are you aware of any fact, circumstance or situation with respect to which anyone with whom you have had contact may have grounds for any past or future claim or secret settlements against you for a personal injury (includes claims grounded in sexual misconduct or moral turpitude)? No Yes \_\_\_\_\_  
explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been fired or left a job under unfavorable circumstances? No Yes \_\_\_\_\_  
Have you illegally used a controlled substance? No Yes \_\_\_\_\_  
Have you been arrested for, or charged with, or convicted of any offense (s) not listed in response to any of the above questions? (excluding traffic fines unless related to alcohol or drug) No Yes \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Partnered \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Spouse/Partner's name: \_\_\_\_\_ Do you minister as a couple? No Yes \_\_\_\_\_  
Is spouse or partner certified? No Yes \_\_\_\_\_ Is spouse (female) a former religious? No Yes \_\_\_\_\_  
Do you have a second denominational affiliation? No Yes \_\_\_\_\_ Please explain \_\_\_\_\_  
\_\_\_\_\_

Have you been laicized? No Yes \_\_\_\_\_ If not, have you applied? No Yes \_\_\_\_\_ When? \_\_\_\_\_

### YOUR MINISTRY

Do you have a current ministry? Details \_\_\_\_\_

Your job/profession: \_\_\_\_\_

How many sacraments have you presided over in the past twelve months?

#Marriages \_\_\_\_\_ # Unions \_\_\_\_\_ #Baptisms \_\_\_\_\_ #Funerals \_\_\_\_\_ #1<sup>st</sup> Communion \_\_\_\_\_ #Other \_\_\_\_\_

Do you currently participate in a Home Mass/House Church? \_\_\_\_\_ When do you meet (day and time, or frequency)? \_\_\_\_\_

Contact (if different from you-name/address/phone): \_\_\_\_\_

Would you celebrate the Eucharist (in home or public setting) if asked to do so? Yes No \_\_\_\_\_

In what languages can you provide ministry? \_\_\_\_\_

For referral purposes, would you remarry divorced Catholics without annulments? Yes No \_\_\_\_\_

For referral purposes, would you witness a same-sex union? Yes No \_\_\_\_\_

Are you a retreat leader? \_\_\_\_\_ Types of retreats: \_\_\_\_\_

Are you interested in conducting Bible Study in your area? Yes No \_\_\_\_\_

Would you visit and/or celebrate Mass in Nursing Homes/assisted living facilities, \_\_\_\_\_ for free\_for stipend\_?

Would you serve in a parish under a bishop if asked? Yes No \_\_\_\_\_ Maybe \_\_\_\_\_

Would you serve as above, if requested by parishioners? Yes No \_\_\_\_\_ Maybe \_\_\_\_\_

Would you relocate to serve? Yes No \_\_\_\_\_

Are you or your wife/partner involved in your local parish or have some other diocesan function?

No Yes \_\_\_\_\_ What is it? \_\_\_\_\_

Is your pastor supportive of a married priesthood? No Yes \_\_\_\_\_ If yes, Name \_\_\_\_\_

Address: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_ - \_\_\_\_\_

48. Do you have any suggestions or comments as to how CITI can assist you further? \_\_\_\_\_  
\_\_\_\_\_

**YOUR LISTING INFORMATION ON [www.citiministries.org](http://www.citiministries.org)**

Which number do you want listed in your Find A Priest listing on the website?

Telephone #1: \_\_\_\_\_ Telephone #2 (optional): \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

In which city/cities would you like to be listed? \_\_\_\_\_

\_\_\_\_\_  
*Check the website priest directory for examples of cities in your state.  
(Note: First city listing comes with membership; additional listings are \$25 each.)*

**My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith.**

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

**Authorization for Release of Background Information: As indicated in the Instructions at the top of Page 1, I am aware that CITI Ministries, Inc. may conduct an ecclesiastical and/or criminal background check on my past life. The following dated signature (in ink) authorizes CITI Ministries, Inc. to do so.**

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

Please mail or fax to CITI Ministries, Inc. P. O. Box 822, Bowie, MD 20718 Fax: 301-464-5691.  
Note that a copy of your listing in The Official Catholic Directory (Kenedy) or Seminary directory helps to expedite your application. If you have any questions, call 301-464-5690 or email us at [info@citiministries.org](mailto:info@citiministries.org).

*Thank you for your interest!*

