

# APPLICATION FORM

## Institute for Catholic Enrichment Diocese of Burlington

NAME \_\_\_\_\_ TELEPHONE: Home \_\_\_\_\_

Work \_\_\_\_\_

EMAIL \_\_\_\_\_ Cell \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

PARISH NAME, CITY, TOWN \_\_\_\_\_

MARITAL STATUS      Single \_\_\_\_\_      Divorced \_\_\_\_\_      Widowed \_\_\_\_\_

Married \_\_\_\_\_      Spouse's name \_\_\_\_\_

Date of marriage \_\_\_\_\_

Church of marriage \_\_\_\_\_

City/Town, State \_\_\_\_\_

Number of children \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DATE & PLACE OF BAPTISM \_\_\_\_\_

YOUR PRESENT EMPLOYMENT \_\_\_\_\_

HIGHEST LEVEL OF EDUCATION \_\_\_\_\_

Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

Mail Application to: Rev. Msgr. John J. McDermott, Director  
Chancery Office, Diocese of Burlington  
P.O. Box 489  
Burlington, VT 05402-0489

**NB: *Application deadline has been extended to May 15.***

### FOR OFFICE USE

*Date application was received:* \_\_\_\_\_

*Pastor recommendation:* \_\_\_\_\_

*Background check completed (date)* \_\_\_\_\_

*Copy of Baptism Certificate received* \_\_\_\_\_