

NOMINEE'S BIOGRAPHICAL DATA FORM

Full Name: _____ Date of Birth: _____

Street Address: _____ SSN: _____

City, State, ZIP: _____ Male Female

Email: _____ Phone(s): _____ Single Married Separated

Number of years resident in Diocese of Southwestern Virginia _____

Have you applied previously for Postulancy? Yes No

If yes, in what diocese? _____

Education (List high school, college, and graduate institutions):

School: _____ Graduated? Yes No

City/State: _____ Year _____

Degree/Course of Study: _____

School: _____ Graduated? Yes No

City/State: _____ Year _____

Degree/Course of Study: _____

School: _____ Graduated? Yes No

City/State: _____ Year _____

Degree/Course of Study: _____

Employment (List three most recent jobs):

Employer: _____ Job Title: _____

City/State: _____ Dates of Employment: _____

Job Duties: _____

Reason for Leaving: _____

Employment (continued):

Employer: _____ Job Title: _____

City/State: _____ Dates of Employment: _____

Job Duties: _____

Reason for Leaving: _____

Employer: _____ Job Title: _____

City/State: _____ Dates of Employment: _____

Job Duties: _____

Reason for Leaving: _____

Hobbies and Special Interests:

1. _____

2. _____

3. _____

4. _____

Awards/Honors/Other Projects:

1. _____

2. _____

3. _____

4. _____

List any health/physical conditions that merit special consideration:

1. _____

2. _____

3. _____