

The Order of Julian of Norwich  
2812 Summit Avenue  
Waukesha WI 53188-2781

INTRODUCTORY QUESTIONNAIRE FOR INQUIRERS TO THE RELIGIOUS LIFE  
Please complete and return to Formation Director at the address above  
(All responses are confidential and will be seen only by the Guardian of the Order and the  
Formation Director)

PERSONAL

Name \_\_\_\_\_  
*First Middle Last*

Address \_\_\_\_\_  
*Number and Street City*  
\_\_\_\_\_  
*State/Province Zip/Postal Code Country*

Date and Place of Birth \_\_\_\_\_ Nationality \_\_\_\_\_ Age \_\_\_\_\_

Marital Status \_\_\_\_\_ Children \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Date of Confirmation \_\_\_\_\_ Present Parish \_\_\_\_\_

Rector/Incumbent's Name \_\_\_\_\_

If Ordained: Deacon \_\_\_\_\_ Place \_\_\_\_\_  
Date \_\_\_\_\_ Bishop \_\_\_\_\_  
Priest \_\_\_\_\_ Place \_\_\_\_\_  
Date \_\_\_\_\_ Bishop \_\_\_\_\_

EDUCATION

High School \_\_\_\_\_ Years Completed \_\_\_\_\_

College/University \_\_\_\_\_ Years Completed \_\_\_\_\_

Degrees \_\_\_\_\_

Graduate Work \_\_\_\_\_ Years Completed \_\_\_\_\_

Degrees \_\_\_\_\_

Seminary \_\_\_\_\_ Years Completed \_\_\_\_\_

Degrees \_\_\_\_\_

WORK EXPERIENCE

Present Occupation and Employer \_\_\_\_\_ Years \_\_\_\_\_

Type of Work \_\_\_\_\_

Other Work Experience \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever applied to, been accepted by, or been a member of a religious community? If the answer is YES, please explain, giving the name of the community and the reason for your non-acceptance or withdrawal. Append additional sheet if necessary.

Are you presently free from debt, previous promises, vows, commitments, military obligations/service, or obligations to family? If the answer is NO, please explain. Append additional sheet if necessary.

Are you presently (or will be, as far as you know) under any special or long-term medical care? Do you have a disability? If either answer is YES, please explain. Append additional sheet if necessary.

Are you presently or have you ever been under the care of a psychologist or psychiatrist? If the answer is YES, please explain the circumstances.

Have you ever been addicted to alcohol, other substances, or to gambling? If YES, are you currently in a program of recovery?

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Please include a recent photograph of yourself. If there is any additional information you would like to share with us, please feel free to attach it to this questionnaire.

*I affirm that all information in this application is accurate to the best of my knowledge:*

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_