



## APPLICATION FOR INCARDINATION or SEMINARY

### THE NORTH AMERICAN OLD ROMAN CATHOLIC CHURCH Saint Francis of Assisi Theological Seminary

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APPLICANT INFORMATION			
Last Name	First	Middle	Date
Address			Unit/Apt #
City/Town	State/Province	Zip/Postal Code	Country
Telephone-Home	Telephone-Work	Telephone-Mobile	Telephone-Fax
E-Mail Address		Date of Birth	Place of Birth
Marital Status                Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>			
If separated or divorced please explain.			
Spouse's Name		Does your spouse support your application?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Social Security Number		Present Occupation	
I am applying for                Admission <input type="checkbox"/> Incardination <input type="checkbox"/> Seminary <input type="checkbox"/> Regularization <input type="checkbox"/>			
I hold citizenship status in USA <input type="checkbox"/> Canada <input type="checkbox"/> Mexico <input type="checkbox"/> Other <input type="checkbox"/>			If other, please specify.
Have you ever been a member or cleric in The North American Old Roman Catholic Church?    Yes <input type="checkbox"/> No <input type="checkbox"/>		When	Member <input type="checkbox"/> Cleric <input type="checkbox"/>
If you answered Yes above, please explain the circumstances.			
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please explain.	

<b>FAMILY INFORMATION</b>					
<u>NAME</u>	<u>AGE</u>	<u>ADDRESS</u>	<u>CITY, STATE, ZIP</u>	<u>RELIGION</u>	<u>RELATIONSHIP</u>

<b>PARENTAL INFORMATION</b>		
Father's Name		Father's Religion
Mother's Name	Maiden Name	Mother's Religion
Date of Parent's Marriage		Place of Parent's Marriage
Denomination of Marriage		Celebrant of Marriage
If the Marriage was a civil ceremony, was it subsequently ratified by the Church? Yes <input type="checkbox"/> No <input type="checkbox"/>		Please explain.

<b>MILITARY INFORMATION</b>		
Have you ever served in the military? Yes <input type="checkbox"/> No <input type="checkbox"/>	Branch Army <input type="checkbox"/> Marine <input type="checkbox"/> National Guard <input type="checkbox"/>	Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Air Force <input type="checkbox"/> Merchant Marine <input type="checkbox"/> Civil Air Patrol <input type="checkbox"/>
Country of Military Service	Discharge Date	Discharge Status
Have you ever served, or would you consider serving, as a military chaplain? I have served as a chaplain. <input type="checkbox"/> I am not interested in serving. <input type="checkbox"/>		
I would consider serving. <input type="checkbox"/> I am not qualified to serve. <input type="checkbox"/>		

<b>PAROCHIAL INFORMATION</b>			
Name of Present Parish		Denomination	
Address			
City/Town	State/Province	Zip/Postal Code	Country
Parish Telephone Number		Pastor's/Rector's Name	
How long have you been a member of this parish?	Are you a Communicant? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you in good standing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What are your activities within the parish?			

<b>SACRAMENTAL INFORMATION</b>				
<u>SACRAMENT</u>	<u>DATE</u>	<u>PLACE</u>	<u>CELEBRANT</u>	<u>DENOMINATION</u>
<b>BAPTISM</b>				
<b>CONFIRMATION</b>				
<b>FIRST COMMUNION</b>				
<b>MATRIMONY</b>				

<b>ORDINATION INFORMATION</b>				
<b><u>ORDER</u></b>	<b><u>DATE</u></b>	<b><u>PLACE</u></b>	<b><u>CELEBRANT</u></b>	<b><u>JURISDICTION</u></b>
<b>TONSURE</b>				
<b>PORTER</b>				
<b>LECTOR</b>				
<b>EXORCIST</b>				
<b>ACOLYTE</b>				
<b>SUBDEACON</b>				
<b>DEACON</b>				
<b>PRIEST</b>				
<b>BISHOP</b>				
<b>Other</b>				
<b>Other</b>				
<b>Other</b>				

<b>ECCLESIASTICAL HONORS and PROMOTIONS</b>				
<b><u>HONOR/POSITION</u></b>	<b><u>RECEIVED FROM</u></b>	<b><u>DATE</u></b>	<b><u>PLACE</u></b>	<b><u>JURISDICTION</u></b>

<b>RELIGIOUS LIFE INFORMATION</b>							
Have you ever been a member of a Religious Order or Community? Yes <input type="checkbox"/> No <input type="checkbox"/>			Name of Order		Status Priest <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/>		
Address of Order or Community							
City/Town		State/Province		Zip/Postal Code		Country	
Telephone Number		Status of Membership		Aspirant <input type="checkbox"/>		Postulant <input type="checkbox"/>	
		Novice <input type="checkbox"/>		Temporary Professed <input type="checkbox"/>		Perpetual Professed <input type="checkbox"/>	
		Tertiary <input type="checkbox"/>		Oblate <input type="checkbox"/>		Associate <input type="checkbox"/>	
Jurisdiction				Name of Religious Superior			
Dates of							
Aspirancy	Postulancy	Novitiate	Tem Prof	Perp Prof	Tertiary	Oblate	Associate
Please explain reason for leaving the Order or Community (if applicable).							

<b>EDUCATIONAL INFORMATION</b>						
<u>LEVEL</u>	<u>SCHOOL</u>	<u>ADDRESS</u>	<u>CITY, STATE, ZIP</u>	<u>TELEPHONE</u>	<u>DATES</u>	<u>STATUS</u>
<b>GRAMMAR</b>						
<b>JR HIGH</b>						
<b>SR HIGH</b>						
<b>COLLEGE</b>						
<b>COLLEGE</b>						
<b>COLLEGE</b>						
<b>VOC/TECH</b>						
<b>SEMINARY</b>						
<b>Other</b>						
Additional Education						
Future Educational Desires						

<b>EMPLOYMENT INFORMATION</b>					
Name of present employer			Address of present employer		
City/Town		State/Province	Zip/Postal Code		Country
Telephone		Position	Supervisor		
<u>EMPLOYER</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>	<u>DATES</u>	<u>POSITION</u>	<u>SUPERVISOR</u>

<b>FRATERNAL ORDERS / SOCIAL and CIVIC ORGANIZATIONS</b>				
<u>ORGANIZATION</u>	<u>POSITION</u>	<u>PLACE</u>	<u>RELIGIOUS/CIVIC</u>	<u>DATES</u>

<b>THIRD ORDERS / CONFRATERNITIES / RELIGIOUS ORGANIZATIONS or SOCIETIES</b>			
<u>ORGANIZATION</u>	<u>POSITION</u>	<u>DATES</u>	<u>JURISDICTION</u>

**REFERENCES - Must include current Pastor and a Cleric of NAORCC. A teacher must be included to attest to fitness for academic studies, and a doctor to certify physical and mental health.**

**Do not include relatives or employers.**

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY, STATE, ZIP</u>	<u>TELEPHONE</u>	<u>RELATIONSHIP</u>
				<b>PASTOR</b>
				<b>CLERIC OF NAORCC</b>
				<b>TEACHER</b>
				<b>DOCTOR</b>

**FOR THOSE SEEKING INCARDINATION FROM OTHER JURISDICTIONS**

Name of Present Jurisdiction		Name of Present Ordinary	
Ordinary's Address			
City/Town	State/Province	Zip/Postal Code	Country
Ordinary's Telephone Number	Have you been canonically released at this time? Yes <input type="checkbox"/> No <input type="checkbox"/>		Please explain.
Do you have his permission to seek incardination? Yes <input type="checkbox"/> No <input type="checkbox"/>		Please explain.	

<b>VOCATIONAL CALLING and FAITH COMMITMENT</b>			
Do you believe that you are called by the Holy Ghost to a life of prayer, study, and work, after the example of the life of Our Lord Jesus Christ; and are you willing to be educated, academically instructed and trained to live a life of service to Him and to His People, The Church, as a member of the clergy of <b><i>The North American Old Roman Catholic Church</i></b> ? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you believe yourself fully committed to the historic Catholic Faith as defined by the Doctrine, Discipline and Worship of <b><i>The North American Old Roman Catholic Church</i></b> ; and are you willing to give written evidence thereof in the prescribed manner when required by the canonical authorities of this Church? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever previously applied for admission to Holy Orders? Yes <input type="checkbox"/> No <input type="checkbox"/>	When	Jurisdiction	Result
Please explain.			
Have you ever been rejected for Holy Orders? Yes <input type="checkbox"/> No <input type="checkbox"/>	When	Jurisdiction	Result
Please explain.			
What are your expectations upon entrance into <b><i>The North American Old Roman Catholic Church</i></b> ?			
I am moved by the Holy Ghost to apply for admission to: Seminary <input type="checkbox"/> Vocational/Permanent Diaconate <input type="checkbox"/> Priesthood <input type="checkbox"/> Religious Life <input type="checkbox"/>			

### **PERSONAL STATEMENT**

Please include with this application, a personal statement, which includes your reasons for seeking Holy Orders; your Faith journey; your commitment to Christ and His Church; what you see as your ministry now; and what you hope it will be in the future. Also, please include your reasons for selecting ***The North American Old Roman Catholic Church*** and ***Saint Francis of Assisi Theological Seminary*** in which to seek Holy Orders, to study for the Sacred Ministry, and in which to exercise a ministry therein.

Please include answers to these questions within your personal statement.

- What does the priesthood mean to you?
- What does a religious vocation mean to you? Discuss.
- What is your understanding of The Church?



**SUBMISSION**

By submitting this form, the applicant requests review, admission and/or incardination into ***The North American Old Roman Catholic Church*** in order to pursue a ministry within this Church, and if deemed appropriate, to enter upon the requisite academic studies at ***Saint Francis of Assisi Theological Seminary***, to achieve this goal of a religious, diaconal and priestly vocation, and understands and agrees as follows:

- The applicant warrants that the information provided (both herein and in any supporting documents to be forwarded later) to be true, and gives his permission to the canonical authorities of ***The North American Old Roman Catholic Church*** and those of ***Saint Francis of Assisi Theological Seminary***, to verify that information, and understands that any false or misleading statements are grounds for denial, or for dismissal after admission or acceptance.
- The applicant understands that application is being made to a religious institution for the purpose of vocational formation, and therefore criteria regarding spiritual as well as academic qualifications will be considered in the review of this application.

Date of Application \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**REQUIRED DOCUMENTATION**

- |   |                                       |
|---|---------------------------------------|
| _____ Birth Certificate                   | _____ Personal Statement              |
| _____ Baptismal Certificate               | _____ Marriage Certificate (Parent's) |
| _____ Confirmation Certificate            | _____ Marriage Certificate (own)      |
| _____ All Ordination Certificates         | _____ Passport Photo                  |
| _____ High School and College Transcripts | _____ Seminary Transcripts            |

Please return this application and all supporting documentation (together with a passport photograph of the applicant) to:

**The Most Reverend Edward J Ford, TOR, DD  
73 Pleasant Street  
Springvale, Maine 04083**

If you have any questions, please call Archbishop Ford at (617) 438-3042  
or  
E-Mail questions to [ejford52@hotmail.com](mailto:ejford52@hotmail.com)