

This 2-page form is to be completed by each individual who wishes to declare canonical membership in the Personal Ordinariate of the Chair of Saint Peter. Families should complete a form for each member of the family who wishes to be considered for Ordinariate membership. (Please staple or bind family forms together.)

Those who are eligible for membership in the Ordinariate must be able to answer "YES" to one or more of the following questions (CHECK ALL THAT APPLY):

- Are you a former Anglican, Methodist, or member of an ecclesial communion that includes those of Anglican heritage (United Church of Canada, Charismatic Episcopal Church, etc.) who is now in full communion with the Catholic Church? Yes No
- Are you a Roman Catholic in full communion with the Catholic Church AND who has a family member(s) who is (are) a canonical member(s) of the Ordinariate?
 Yes No Name of Family Member: _____
- Have you completed any or all of the Sacraments of Initiation through an Ordinariate or Pastoral Provision parish? Yes No
- Are you a Roman Catholic in full communion with the Catholic Church AND who has a family member who came into full communion with the Catholic Church through the reception any or all of the Sacraments of Initiation through an Ordinariate or Pastoral Provision Parish?
 Yes No Name of Family Member: _____

If you can affirm one or more of the above statements, you are eligible for consideration of canonical membership in the Personal Ordinariate of the Chair of Saint Peter. **Please complete ALL fields below** and submit this form to your local Ordinariate Parish Pastor or Parochial Administrator or, in the absence of a local Ordinariate Parish, to the Ordinariate Chancery at: Personal Ordinariate of the Chair of Saint Peter, P.O. Box 55206, Houston, TX 77255. **PLEASE SEND A COPY OF YOUR CONFIRMATION CERTIFICATE with your application.**

If you cannot affirm one or more of the above statements, you are still strongly encouraged to register as a parishioner in an Ordinariate parish and participate fully in the life of your local Ordinariate parish.

1. Contact Information

To expedite the processing of your application, please **PRINT CLEARLY**.

Local <u>Ordinariate</u> Parish/Parochial Community:	OR <input type="checkbox"/> There is no <u>Ordinariate</u> Parish near me
(Circle One) Mr. Mrs. Ms. Miss Dr. Other:	Birthdate: _____ MM/DD/YYYY
First Name:	(Optional) Middle Name:
Last Name:	
If married, Spouse's Full Name:	
Mailing Address:	
City, State/Province, Zip/Postal Code, Country:	
Preferred Email Address:	
Preferred Phone Number (<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Office):	

YES NO: I wish to receive emails from the Personal Ordinariate of the Chair of St. Peter and my local Ordinariate parish/community. (If YES: I give permission to add my email address [provided above] to email mailing lists for regular communications about the Ordinariate and my local Ordinariate parish/community.)

2. Age Information

If you are under age 14, have your parents given consent to your request for membership in the Personal Ordinariate of the Chair of St. Peter? YES NO

3. Sacramental Information

Baptized? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, Church, City & Date of Baptism (MM/DD/YYYY):
Confirmed in the Catholic Church? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, Church, City & Date of Confirmation (MM/DD/YYYY):
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
If married, Church, City & Date of Marriage (MM/DD/YYYY):

4. Children

Please note separate membership forms must be submitted for each child. If you are a parent, please share the name(s) and birth date(s)/age(s) of any child/children below. *(Continue on separate sheet, if needed.)*

Name(s)	Birth Date(s)	Age(s) as of _____ (Today's date)

5. Petition for Membership

*It is my desire to belong to the Personal Ordinariate of the Chair of Saint Peter. I have made my Profession of Faith and have received the Sacraments of Initiation in the Catholic Church. **My signature on this form is the canonical act by which I manifest my desire to enter the Personal Ordinariate of the Chair of Saint Peter.***

Signature (Required)

Note: Those under age 14 should do not need to sign the petition; a parent or guardian should sign for children under age 14.

Date (Required)

By completing and signing this form, you agree that the information provided to the Ordinariate can be used to: create a record of your request for membership; administer our Ordinariate records; contact you in relation to the ministries, activities, and outreach of the Ordinariate and its Parishes and Parochial Communities.

Those under age 14 should complete a form but do not need to sign the petition, since they join the Ordinariate with their parents or guardians. A parent or guardian should sign the form for children under age 14.

Signed, dated, and completed forms should be returned to your local Ordinariate Parish/Community Pastor/Parochial Administrator or, in the absence of a local Ordinariate Parish, to the Ordinariate Chancery: Personal Ordinariate of the Chair of Saint Peter | P.O. Box 55206 | Houston, TX 77255.

Original, **signed** application forms **must** be delivered to the Parish/Parochial Community or the Chancery for the application to be processed. Forms sent via email to the Chancery will not be processed without receipt of the hard copy form and a copy of your Confirmation certificate.

YOUR MEMBERSHIP IS NOT COMPLETE UNTIL YOU HAVE RECEIVED CORRESPONDENCE FROM THE ORDINARIATE CHANCERY VERIFYING RECEIPT AND APPROVAL OF YOUR REGISTRATION. To inquire about the status of your application, please email devsupport@ordinariate.net. Please allow several months for the review of your application.