Carmelite Monastery 27601 Highway 1 Carmel, California 93923

Preliminary Questionnaire

Please give your full name:
Are you a Catholic? If you are a convert, please give the date of your baptism.
Please give the date of your birth:
Are you in good health? Do you have any health problems that might cause you difficulties in a cloistered living situation? E.g. diabetes, heart trouble, mental illness, or depression. Is there any record of these in your family?
Have you ever been married? If so, please explain. Do you have children or dependents? (Use the other side of this page if necessary.)
If not married, have you considered marriage or been engaged?
Do you consider yourself capable of a permanent commitment?
Have you ever been a member of a religious order? If so, please explain.
Have you experienced any kind of dependency? drugs, alcohol, eating disorders, etc
Have you ever belonged to a religious cult?
What are your present means of support?
Do you have any financial obligations at present? Are you free of debt?

Please give a general history of your educational background, and the names of the schools you have attended. (Use the other side of this page if necessary.)

