



ORDINARIATE OF THE CHAIR OF SAINT PETER MEMBERSHIP REGISTRATION FORM

PETITION FOR MEMBERSHIP

Members of the Ordinariate are Roman Catholics who have come from Anglican and other ecclesial communities and are now in the full communion of the Church, Catholics who have completed their Sacraments of Initiation (or whose family member has completed the Sacraments of Initiation) in one of our Parishes or Communities, or those drawn to the Church through the evangelizing mission of our Diocese, and their families. (*Complementary Norms*, Art. 5)

By completing and signing this form, you acknowledge that you understand your rights and obligations as a member of the Ordinariate; 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.

A parent or guardian should sign the form for children under age 14.

Return the signed, dated, and completed forms to your local Ordinariate Parish/Community Pastor/Parochial Administrator, to be submitted to the Chancery. In the absence of a local Ordinariate Parish, mail the completed form to the Ordinariate Chancery:

Ordinariate of the Chair of Saint Peter | P.O. Box 55206 | Houston, TX 77255.

Only original, signed application forms can 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.

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.**

☐ *It is my desire that my children under 14 years of age belong to the Personal Ordinariate of the Chair of Saint Peter. (Children over 14 need to fill out and sign their own form)*

YOUR MEMBERSHIP IS NOT COMPLETE UNTIL YOU HAVE RECEIVED CORRESPONDENCE FROM THE ORDINARIATE CHANCERY VERIFYING RECEIPT AND APPROVAL OF YOUR REGISTRATION.

Signature (Required) _____ **Date:** _____

Signature of Spouse (Required) _____ **Date:** _____

Please fill out all information completely.

For Office Use Only: DUID: _____ LAST NAME: _____

Name of Parish or Community:	Name of Priest:

☐ *None (If none, you must include an original certificate of Catholic Confirmation with the form)*

Family Name:			
Street Address/City:		Phone:	
State & Zip Code:		Email:	

☐ *I wish to receive emails from the Ordinariate of the Chair of Saint Peter and my local parish/community*

INDIVIDUAL MEMBER INFORMATION (Please leave no information blank)

HEAD OF HOUSEHOLD			
Last Name	First Name	Middle Name	Birth Date

SACRAMENTS

Have you been Baptized?	Church of Baptism	City/State of Baptism	Date of Baptism
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been Confirmed in the Catholic Church?	Church of Confirmation	City/State of Confirmation	Date of Confirmation
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Marital Status	Church of Matrimony	City/State of Matrimony	Date of Matrimony
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Widowed			

SPOUSE		Maiden Name	
Last Name	First Name	Middle Name	Birth Date

SACRAMENTS

Have you been Baptized?	Church of Baptism	City/State of Baptism	Date of Baptism
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been Confirmed in the Catholic Church?	Church of Confirmation	City/State of Confirmation	Date of Confirmation
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Marital Status	Church of Matrimony	City/State of Matrimony	Date of Matrimony
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Widowed			

CHILDREN/DEPENDENTS UNDER 14 YEARS OF AGE (*Children over 14 must sign their own form*)**CHILD 1**

Last Name	First Name	Middle Name	Birth Date

SACRAMENTS

Have you been Baptized?	Church of Baptism	City/State of Baptism	Date of Baptism
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been Confirmed in the Catholic Church?	Church of Confirmation	City/State of Confirmation	Date of Confirmation
<input type="checkbox"/> Yes <input type="checkbox"/> No			

CHILD 2

Last Name	First Name	Middle Name	Birth Date

SACRAMENTS

Have you been Baptized?	Church of Baptism	City/State of Baptism	Date of Baptism
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been Confirmed in the Catholic Church?	Church of Confirmation	Cit/State of Confirmation	Date of Confirmation
<input type="checkbox"/> Yes <input type="checkbox"/> No			

CHILD 3

Last Name	First Name	Middle Name	Birth Date

SACRAMENTS

Have you been Baptized?	Church of Baptism	City/State of Baptism	Date of Baptism
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been Confirmed in the Catholic Church?	Church of Confirmation	City/State of Confirmation	Date of Confirmation
<input type="checkbox"/> Yes <input type="checkbox"/> No			

PLEASE LIST ADDITIONAL CHILDREN ON A SEPARATE PAGE