



ST. PETER'S COLLEGE SEMINARY

P. O. Box 5, San Pablo City

4000 Philippines

tel. no. and fax no.: (63) (049) 562-0499

APPLICATION FORM

Name: _____
(Surname) (First Name) (Middle Initial)

Home Address: _____

Contact Number/s: Phone: _____ Cell phone: _____

Parish: _____

Age: _____ Date of Birth: _____ Birth Place: _____

Parents: (Father's name): _____ (Mother's name): _____

Occupation: _____

Married in Catholic Church? _____ Where? _____ If not, where? _____

Do your Parents need your help now? _____ Probably in the future: _____

Names of Brother/s and Sister/s	Age	Civil Status	Occupation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Schools attended and When?

Elementary: _____ Begun: _____ Finished: _____

High School: _____ Begun: _____ Finished: _____

College: _____ Begun: _____ Finished: _____

Mention extra-curricular activities you actively engaged in school: _____

How are you as a student? (Underline your answer): Excellent, good, fair, poor.

Are you a member of any church organization? If yes, state the name of organization/s: _____

Have you been in the seminary before? _____ where? _____ How long _____

Give references (*person whom you know well such as parish priest, seminary priests, teacher etc.*) _____

any question you wish to clarify? _____

Date: _____

Signature of the Applicant _____