

# APPLICATION FOR MEMBERSHIP IN THE COMPANIONS OF MERCY

## APPLICANT INFORMATION

Full Name:

Date of Birth (MM/DD/YY):

Phone & Email:

Current Address:

City:

State/Province:

ZIP Code:

## SACRAMENTAL INFORMATION

Baptism Date (MM/DD/YY):

Church/Location:

Confirmation Date (MM/DD/YY):

Church/Location:

Marriage Date (MM/DD/YY):

Church/Location:

Ordination Date (MM/DD/YY):

Order Received/Bishop:

Current Church/Location:

## STATEMENT

By signing this statement, I promise the following:

1. I believe in the Nicene creed and in the Real Presence of Christ in the Eucharist
2. I affirm the role of Mary in salvation as Mother of God
2. I proclaim God's mercy and seek to implement and commit acts of mercy in my life
3. I will pray daily for the Society of Mercy using the prayer of the Society

## SIGNATURES

Signature of Applicant:

Date:

## FOR CHAPLAIN'S USE ONLY

Date Received (MM/DD/YY):

Received By:

Clergy Performing Blessing/Location/Date: