



DEACON BIOGRAPHICAL INFORMATION FORM

To aid the Office of Diaconal Ministry in preserving the history of each deacon, please complete this form. The information provided will also be valuable for crafting a respectful obituary in *The Record* should the need arise.

Full Name (including preferred name) _____

Birth Date _____ Birth City _____ Baptism Parish/City _____

Please provide the name(s) and contact information for person(s) we can reach if we were to lose contact with you.

Name _____ Cellular Phone _____ Email _____

Name _____ Cellular Phone _____ Email _____

Family Information

Wife Full Name (Including Maiden Name) _____ Marriage Date _____

Children (List Names | Annotate Living and Deceased) _____

Number of Grandchildren _____ Number of Great-Grandchildren _____

Father Full Name (Annotate Living or Deceased) _____

Mother Full Name (Including Maiden Name | Annotate Living or Deceased) _____

Sibling (List Names | Annotate Living and Deceased) _____

Education and Professional Background

Education

Elementary _____ City _____ Dates _____
High School _____ City _____ Dates _____
College _____ City _____ Degree _____
College _____ City _____ Degree _____
Post Graduate Studies _____ City _____ Degree _____
Post Graduate Studies _____ City _____ Degree _____

Professional Background

Employers

Business _____ Position _____
Business _____ Position _____
Business _____ Position _____
Business _____ Position _____

Military Service

Branch _____ Rank _____ Specialty _____ Years of Service _____
Branch _____ Rank _____ Specialty _____ Years of Service _____

Ministry Assignments

Please provide a chronological account of the assignments you have undertaken since ordination. Additionally, include any other significant responsibilities that have played a crucial role in your ministry.

Diocese of Ordination _____ Date _____
Assignment _____ Years _____
Assignment _____ Years _____
Assignment _____ Years _____
Assignment _____ Years _____
Ministry/Title _____ Years _____
Ministry/Title _____ Years _____
Ministry/Title _____ Years _____

Deacons and families are encouraged to review and update this form every three to five years.

RETURN TO: DIACONAL MINISTRY

1200 South Shelby Street
Louisville, KY 40203

If you prefer to complete this form online, please scan the QR code provided to the right.



