

FRANCISCAN FRIARS of the BLESSED VIRGIN MARY

Vocations Inquiry

Name

First Name: _____ (required)

Last Name: _____ (required)

Age: _____

Mailing Address

Address: _____ (required)

Address 2: _____

City: _____ (required)

State /
Province _____ (required)

Zip Code /: _____ (required)
Postal Code

Country : _____ (required)

Contact Information

Email : _____
(valid email required)

Address

Home Phone : _____

Cell Phone : _____

Education

High School : _____

Graduated : Yes/Date No

College : Yes/Major/Minor _____

Degree Earned _____

Seminary Training : Yes/Date Started _____ Finished _____

No

Name of Seminary: _____

Catholic Diocese of: _____

**Your Message/Interest in the
Franciscan Friars of the Blessed Virgin Mary**

(Use additional paper if necessary)

**Please forward your inquiry
to the following**

**Fr Francis Mary of Our Lady of the Rosary, FFBVM
Franciscan Friars of the Blessed Virgin Mary
Our Lady of the Rosary Friar
P.O. Box 14787
Augusta, Georgia USA
30919**

or E-mail to

FFBVMs@comcast.net

