

Paternal Grandfather _____

Date of birth _____ Place _____

Date of death _____ Place _____

Relative/friend to be notified in case of serious illness, accident or death: (Please include name, address and phone number.)

Relationship to you: _____

Brothers and Sisters: (List chronologically and include yourself.)

| Name | Contact Number | Birth | Spouse/Vocation | Death |
|------|----------------|-------|-----------------|-------|
|------|----------------|-------|-----------------|-------|

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| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Academic Preparation (degrees attained, grade/high school, Colleges/seminaries attended) and dates.

Professional Associations: (membership, dates)

Continuing Education: (University/Institution, dates and anything else you may wish to add)

Assignments, Positions held as a Priest or Prior to Ordination:

Before Ordination:

Deacon Assignments:

Residential Appointments: (Parochial Vicar, Pastor, Resident Chaplain, Military Chaplain, etc. with date)

Non-Residential Appointments: (Chancellor, Dean, Diocesan Tribunal, Consultor, Teacher, Diocesan Office, etc and dates)

Major Achievements and Honors: (spiritual programs, economic or social programs initiated, new church, school, parish hall, renovations, etc.)

Publications Authored – names and dates, include media releases:

Data of historical interest that you would like to include: (special events in your life, significant persons, hobbies or occupations, celebrations or anniversaries, etc.)

Other Activities: (meetings, workshops, committees, conventions, travel, etc.)

(Use additional sheets if necessary.)

Information Regarding your Will: (It is never wise to place the original will in a bank lock box.)

If your will is not on file at the McRaith Catholic Center, please send either your original will or a copy to be placed in your file. If you send a copy, list below where the original will can be located.

My original will may be found:

A copy of my will may be found:

Name, contact information, of my administrator:

Place of burial: _____

Please return this form to Kevin Kauffeld, McRaith Catholic Center, 600 Locust Street, Owensboro, KY 42301-2130