

RELIGIOUS RESIDENCE FORM DIOCESE OF JOLIET

MAILING ADDRESS

PLEASE PRINT OR TYPE INFORMATION

Name _____

House Name if Applicable _____

Street Address _____

City, State, Zip+Four _____

County _____

Phone _____ FAX _____

E-Mail _____

Name of Religious Institute _____

Congregation Initials _____

Location of Generalate/Provincialate

Number of Religious **residing** at this mailing address: _____

Please list all **residents** at the above mailing address, update the print-out and provide any new residents with a copy of the enclosed change of residence/ministry form. If Intercommunity, please list each person with his/her respective Congregation initials.

Please indicate any non-US citizens.

NAME

1. _____

7. _____

2. _____

8. _____

3. _____

9. _____

4. _____

10. _____

5. _____

11. _____

6. _____

12. _____

DUE DATE: May 3, 2011

**RETURN TO: Office of Vicar for Religious
St. Charles Pastoral Center
101 W. Airport Road
Romeoville, Illinois 60446 - 6527**

DUPLICATE AS NEEDED

If any changes occur during the year, please notify this office. Thank you.