



SEMINARY OF CHRIST THE KING

2025-2026 Formation Year

Philosophy and Theology
Application For Admission

SEMINARY OF CHRIST THE KING
P.O. BOX 3310
MISSION, BRITISH COLUMBIA, CANADA V2V 4J5
604-826-8975
www.sck.ca

APPLICANT INFORMATION

Legal Last Name	Legal First Name	Legal Middle Name	
Preferred Last Name	Preferred First Name		
Street Address			
City	Province/State	Country	Postal/Zip Code
Phone (Personal)	E-mail		
Social Insurance Number		Medical Insurance Number	
Place of Birth (City, Province/State, Country)		Date of Birth (DD/MM/YYYY)	
Citizenship	Is English your first Language?		
If English is not your first language, you must provide proof of your proficiency in listening, speaking, writing and reading English. (See Supporting Documentation)			

FOR THOSE APPLYING WITH A STUDENT VISA

Country of Citizenship	Passport Number	Place of Issue	Date of Issue (DD/MM/YYYY)	Date of Expiration (DD/MM/YYYY)

EMERGENCY CONTACTS

1) Name (First, Middle Initial, Last)			Relationship to you
Street Address			
City	Province/State	Country	Postal/Zip Code
Phone (Work)	Phone (Personal)		

2) Name (First, Middle Initial, Last)			Relationship to you
Street Address			
City	Province/State	Country	Postal/Zip Code
Phone (Work)	Phone (Personal)		

FAMILY INFORMATION - FATHER

Father's Name (First, Middle Initial, Last)		Religion	Living or Deceased?	
			Living	Deceased
Street Address				
City		Province/State	Country	Postal/Zip Code
Phone	Active in Church?		Occupation	

FAMILY INFORMATION - MOTHER

Mother's Maiden Name (First, Middle Initial, Last)		Religion	Living or Deceased?	
			Living	Deceased
Street Address				
City		Province/State	Country	Postal/Zip Code
Phone	Active in Church?		Occupation	

PARENTS' MARITAL STATUS

Sacramental Marriage	Church Annulment	Divorced
Widowed	Separated	Divorced and Remarried Civilly
Widowed and Remarried	Civil Marriage only	Never Married to Each Other
Marriage Date	Marriage Place	Church

STEP PARENTS (IF APPLICABLE)

1) Name <i>(First, Middle Initial, Last)</i>	Religion	Living or Deceased?	
		Living	Deceased
Street Address			
City	Province/State	Country	Postal/Zip Code
2) Name (First, Middle Initial, Last)	Religion	Living or Deceased?	
		Living	Deceased
Street Address			
City	Province/State	Country	Postal/Zip Code

LIST OF SIBLINGS

Name	Year of Birth	Occupation	Marital Status	Practising Catholic?	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

Additional space if needed:

SEMINARY HISTORY

Sponsoring Diocese or Religious Congregation		
Names of all seminaries you have attended:	Level	Years (YYYY-YYYY)
	Propaedeutic	
	Discipleship	

DIRECTOR OF SEMINARIANS/DIRECTOR OF VOCATIONS

Name		Title	
Address			
City	Province/State	Country	Postal/Zip Code
Phone		E-mail Address	

SACRAMENTAL /RITUAL HISTORY AND PRACTICE

Date of Baptism (DD/MM/YYYY)	Place of Baptism (Parish, City, Province/State)
Date of First Communion (DD/MM/YYYY)	Place of First Communion (Parish, City, Province/State)
Transfer of Rite (Include documentation if applicable)	

HAVE YOU EVER BEEN ADMITTED TO ANY OF THE FOLLOWING?

Ministry/Order	Date (DD/MM/YYYY)	Location (Parish, City, Province/State)	Bishop
Candidacy			
Lector			
Acolyte			
Diaconate			
How often do you go to Mass?	Holy Communion?	Confession?	

HOME PARISH

Name of Parish		Pastor	
Street Address			
City	Province/State	Country	Postal/Zip Code
Phone		E-mail Address	

VOCATIONAL CONSIDERATIONS

<p>Give the name, address, email address and phone number of the priest (or priests) who knows you best:</p>
<p>For admission to the seminary one needs to have a serious interest in the priesthood as a vocation. How strong is your interest? Explain.</p>

Have you ever been engaged?	Yes	No
Have you ever been married?	Yes	No
Have you ever attempted marriage?	Yes	No
Are you financially or legally responsible for any minor children?	Yes	No
If you have answered YES to any of these four questions, please explain fully:		
Is there anything in your past, which may cause someone to raise an objection to your being ordained to the priesthood?	Yes	No
If YES, please comment:		
Have you ever been refused admission or acceptance into any Seminary, Diocese, Religious Order or Community?	Yes	No
Have you ever been dismissed from any Seminary, Diocese, Religious Order or Community?	Yes	No
If YES to either question, please give details, including address and telephone number for contact person:		
Have you ever been sponsored by a Diocese or Religious Order other than your present diocese?	Yes	No
If YES, please give details concerning your transfer:		

Have you ever entered, even for a trial period, a Religious Order or Community of priests or brothers?	Yes	No
Have you ever taken vows in a Religious Order or Community?	Yes	No
If you answered YES to either of the above, please provide details including dates and information on the Religious Order or Community:		
Have you ever been ordained for any other Church or ecclesial communion?	Yes	No
If YES, please give details:		
Were you born into, baptised in, or raised in another church or religious body other than the Roman Catholic Church?	Yes	No
Have you ever been away from the Catholic Church for a period of time?	Yes	No
Were you baptised as an infant?	Yes	No
Were you baptised as a youth or adult (i.e., not at infancy)?	Yes	No
If you answered YES to any of these questions please provide details – date and place and location of Baptism and Confirmation, length of time away from the Catholic Church and the circumstances of your return to the Catholic Church.		

ACADEMIC HISTORY

List the secondary and post-secondary educational institutions that you have attended.

Institution Name	Location
Diploma, Certificate or Degree received	Dates Attended (YYYY-YYYY)
Institution Name	Location
Diploma, Certificate or Degree received	Dates Attended (YYYY-YYYY)
Institution Name	Location
Diploma, Certificate or Degree received	Dates Attended (YYYY-YYYY)
Institution Name	Location
Diploma, Certificate or Degree received	Dates Attended (YYYY-YYYY)
Institution Name	Location
Diploma, Certificate or Degree received	Dates Attended (YYYY-YYYY)

FINANCIAL RESPONSIBILITY

Who will be responsible for your tuition, room and board?		
Are you currently in debt (over \$1,000)?	Yes	No
Have you ever defaulted on any loan(s)?	Yes	No
If you answered YES to either question, please provide details and distinguish between consumer debt and educational debt:		

How have you handled your past financial concerns?

Do you have any responsibilities for the care of someone else's finances or material goods, such as being the executor of an estate, holding a power of attorney, or acting as a guarantor for another person?	Yes	No
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Do you have anyone who is financially dependent on you?	Yes	No
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If YES, please provide details of your responsibilities:

HEALTH-RELATED QUESTIONS

Do you have any physical handicaps or limitations?	Yes	No
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If YES, please describe:

Have you engaged in the use of:

Alcohol	Yes	No
Tobacco	Yes	No
Controlled or non-controlled narcotics	Yes	No
Other drugs and substances	Yes	No

If you answered YES to any of these questions please indicate frequency, circumstances, duration and intensity of this use in the past and at the present:

Do you suspect that you have, or have you ever been diagnosed with, a learning disability?	Yes	No
If YES, please give details:		
Do you have a tattoo(s) and/or other artificial body markings?	Yes	No
If YES, please describe number, type, location and content:		
Do you have any allergies to wheat or is there any reason why you would not be able to consume the Precious Blood?	Yes	No
If YES, please explain:		
Have you or any member of your family been mentally ill?	Yes	No
If YES, give details.		

SOCIAL LIFE

List some of your hobbies and/or pastimes, and describe your social life:

Describe your use of the internet and social media. You are asked to include the following [your use of social media accounts; listing the social media sites in which you have an active account; the amount of time you spend per week on social media and other internet-based sites, i.e. YouTube, Netflix, etc.]:

List any skills, talents or proficiency you may have:

EMPLOYMENT BACKGROUND

List the last three jobs you have held and indicate why you left each position:

Job Position 1	Dates (YYYY-YYYY)	Employer
Reason for Leaving:		
Contact Name and phone number/email		
Job Position 2	Dates (YYYY-YYYY)	Employer
Reason for Leaving:		
Contact Name and phone number/email		
Job Position 3	Dates (YYYY-YYYY)	Employer
Reason for Leaving:		
Contact Name and phone number/email		
Are there any other self-disclosures you would like to make in order to help the Seminary of Christ the King obtain a better understanding of you? <div> <div>Yes</div> <div>No</div> </div>		
If YES, please explain:		
<div></div>		

CANONICAL STATUS

The following constitute canonical impediments to ordination and could require dispensation.
Please check as applicable.

(c. 1041, 1°)	Have you ever suffered from any form of incapacitating insanity or ever committed yourself to or been committed to a psychiatric facility?	Yes	No
(c. 1041, 2°)	Have you ever publicly abandoned the Catholic Church?	Yes	No
	Have you publicly advocated any views contrary to the teachings of the Catholic Church?	Yes	No
	Have you ever joined another religious body by a formal act?	Yes	No
(c. 1041, 3°)	Have you ever attempted a marriage (even civilly) even though you were not free to do so because of a previous marriage, a prior ordination, or a prior vow of chastity to a religious institute?	Yes	No
(c. 1041, 4°)	Have you ever committed voluntary homicide or ever performed a voluntary abortion or positively cooperated in the procurement of an abortion?	Yes	No
(c. 1041, 5°)	Have you ever mutilated yourself or another person, or have you ever attempted suicide?	Yes	No
(c. 1041, 6°)	Have you ever performed some act reserved to some degree of holy orders (diaconate, priesthood, episcopacy) while you lacked the order?	Yes	No
(c. 1042, 1°)	Are you currently bound by some marriage you contracted?	Yes	No
If you answered YES to any of these questions, please give details.			

SUPPORTING DOCUMENTATION

Please include copies (not originals) of the following documents with your Application. All documents must be translated to English.

- Birth Certificate
- Passport (For those applying with a Student Visa)
- Student visa (For those applying with a Student Visa)
- Official Transcripts from high school
- Official Transcripts from all post-secondary academic studies and professional training
- Recent letter from physician stating suitability for seminary formation and noting any serious health concerns
- Health Coverage Card
- Baptism Certificate (*Issued in the last 6 months*)
- Confirmation Certificate (*If not noted on Baptismal Certificate*)
- Testimonial letter from your Pastor
- Letter of recommendation from sponsoring ordinary
- Curriculum Vitae: a few pages of information about yourself, touching on family background, significant childhood and youth experiences, educational interests, religious practice and attitudes, work experience, character strengths and weaknesses, reasons for considering the priesthood – so as to give an accurate picture of the candidate's readiness for seminary life.
- Consent to a Criminal Record check

English Language Requirements: If English is not your first language (i.e. is not the first language you learned at home as a child), you will need to provide evidence of adequate English facility for admission consideration, unless you qualify for an exemption.

Tests/Qualifications That Provide Acceptable Evidence of English Facility

If you are required to present evidence of English language facility, you can satisfy the requirement by completing one of the tests/qualifications listed below with acceptable results. We will not accept your Grade 12 English results, your results in any other English course/test, or letters of reference for this purpose.

Canadian Language Benchmarks - Online Self-Assessment (CLB-OSA): For more information visit <https://www.clb-osa.ca/home>. Submit your results by using the "Send Your Results" function of the CLB-OSA Account.

Canadian English Language Proficiency Index Program (CELPIP): For more information visit <https://instructionalproducts.paragontesting.ca/InstructionalProducts/FreeOnlineSampleTest/FOST>. Send your results electronically to rector.majors@sck.ca.

I understand and agree that the Seminary of Christ the King is requesting this information in conformity with the Personal Information Protection Act in order to carry out its mission.

Signature:

Date:

N.B. June 15 is the cut-off date for applications. All documentation must be received by the Seminary by that date in order to begin the admission process for September.