

PLEASE PRINT

WOMEN RELIGIOUS CENSUS FORM 2024-25

Please correct any information that has changed.

DIOCESE OF SAN DIEGO

CONTACT INFORMATION

Last Name: _____ First Name: _____ Community Initials: _____

Street Address: _____ City/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ **I DO NOT want my email listed in the Directory - ()**

MINISTRY

Place of Ministry: _____ Title/Position: _____

I am: () Salaried/Compensated () A Volunteer

Are you retired? Yes () No ()

PERSONAL INFORMATION

What year did you come to the Diocese of San Diego? _____

From what year (e.g. 1972) is your Jubilee determined? 19 _____ or 20 _____

If you are a Jubilarian in **2025**, which Jubilee do you celebrate? 25 _____ 40 _____ 50 _____ 60 _____ 70 _____

I am a: Novice _____ Temporary Professed _____ Perpetually Professed _____

My country of birth: _____ Country of citizenship: _____

Languages I speak: _____

Are you willing to speak on the weekend of December 14-15 for the Retirement Fund Collection? _____

Are you willing, during the year, to speak to children, teens, or young adults about Religious Vocations? _____

CONGREGATIONAL INFORMATION

Name of your Religious Institute: _____

****MAJOR Superior:** Name: _____ (see page 2)

(i.e., **Superior General**) Title (i.e., General Superior, President, Prioress, etc.): _____

Street Address: _____

City/State/Zip/Country: _____

Telephone: _____ Email: _____

THANK YOU!

Enclosed is an envelope for your census form and your \$25 donation, which covers Sisters Days expenses. Please make check out to **Sisters Council**.

Please return the census form and donation by **August 15, 2024** to:

This form is available on Srs. Webpage if you prefer to fill in on your computer.

**Office for Women Religious
Diocese of San Diego
3888 Paducah Dr.
San Diego, CA 92117**

PLEASE TURN OVER

****Please fill in the following if you have a LOCAL or REGIONAL Leader/Superior:**

Name: _____

Title (i.e. Provincial, Regional, Area Leader etc.): _____

Street Address: _____

City/State/Zip: _____

Telephone: _____ Email: _____

Finally! This is for the **Diocesan Directory:**

Which Phone # do you want to **appear** in the Directory?

Home Cell None

THANK YOU!

Sr. Kathleen Warren, OSF
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Diocese of San Diego
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