

LA Deacon - Request for Information

Deacon's Information

Name (Last, First) _____

Mailing Address _____

Phone (Home) _____ Indicate Primary

Phone (Cell) _____

Phone (Work) _____

FAX _____

E-mail (personal) _____ Indicate Primary

E-mail (work) _____

E-mail (church) _____

Ministry Status₂ _____

College Degrees₃ _____

Language - Primary _____

Language - Secondary _____

Language - Secondary _____

Wife's Information

Name (Last, First) _____

Phone (Home) _____ Indicate Primary

Phone (Cell) _____

Phone (Work) _____

E-mail (personal) _____ Indicate Primary

E-mail (work) _____

Parish Assignment (Place of Ministry)

Church Name _____

Mailing Address _____

Pastor/Administrator _____

Parish Phone _____

Parish E-mail _____

Deanery Number _____

Notes:

1 - If Deacon/Wife is deceased, please indicate.

2 - Active, Inactive, Retired, Other

3 - List Level (i.e., BS, MS) and Area of Study

Please forward completed form to: Deacon Gabriel (Gabe) Saavedra
 Office of Deacons in Ministry
 3424 Wilshire Boulevard
 Los Angeles, CA 90010-2241

...or Save file and e-mail to: gsaavedra@la-archdiocese.org