

Missionaries of Mercy

Questionnaire

Please complete the following questionnaire and return it, together with the *Declaration of Consent* duly signed by which you consent to our processing and publishing your personal data, to the Pontifical Council for the Promotion of the New Evangelization at the following email address: missionariesofmercy@pcpne.va It is important that the information you provide is exact because it will be used in the production of your Decree of Appointment which will confer upon you the faculties proper to a Missionary of Mercy.

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|-----|---|--|
| 1. | Name (s) | |
| 2. | Surname (s) | |
| 3. | Date and place of birth | |
| 4. | Nationality | |
| 5. | Date of Priestly Ordination | |
| 6. | Incardination (Diocese, Order, Congregation, Secular Institute or Apostolic Society Life) | |
| 7. | Diocese in whose territory you currently reside | |
| 8. | Fixed telephone number including international dialing code | |
| 9. | Cellular phone number including international dialing code | |
| 10. | Postal Address | |
| 11. | E-mail address | |

Declaration of Consent

I hereby authorize the Pontifical Council for the Promotion of the New Evangelization to electronically process the data provided by me on this form. I also authorize the same Pontifical Council to share this same data with Diocesan Bishops and their equivalents, as well as with other Missionaries of Mercy who in order that they may contact me for reasons regarding the ministry of a Missionary of Mercy.

Full Name and Signature

Place and Date