

**NOMINEE
PROPOSED LAY CORPORATOR**

Name of Parish: _____

Name of Nominee: _____

Address of Nominee: _____

Telephone Number: _____ Age: _____ Marital Status: _____

Email Address: _____

Educational Background: _____

Current Employment (Position/Job Title): _____

Name of Employer: _____

Address of Employer: _____

How long has the nominee been a member of this parish? _____

Is this nominee a fully practicing Catholic? _____

In what parish or archdiocesan activities/organizations does the nominee participate? _____

Does the nominee participate in any community or civic/activities/organizations? _____

Is the nominee aware of and able to fulfill his/her responsibilities as a parish Corporator? _____

Additional comments by Pastor: _____

Submitted by: _____

Nomination forms must be submitted to the Chancery:

Email: chancery@archbalt.org

Fax: 410-727-5432

Address: 320 Cathedral Street
Baltimore, MD 21201

(For Questions call 410-547-5446)