

Inquiry Form for Sacred Heart Major Seminary

TITLE: (circle one) MS. MRS. SR. MR.
 REV. DEACON BR. DR.

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____ **EVENING PHONE:** _____

EMAIL: _____

RELIGIOUS PREFERENCE: _____

PARISH/CHURCH: _____

(CITY) _____

What ministry are you currently involved in at your parish?

What is your educational background?

How you learned/heard about classes at Sacred Heart Major Seminary?

Mail to:
Sacred Heart Major Seminary
Attn: Institute for Ministry
2701 Chicago Blvd.
Detroit, Michigan 48206