



**THE PERSONAL ORDINARIATE of the CHAIR OF ST. PETER**

**ORDINARIATE MEMBERSHIP FORM**

Date: \_\_\_\_\_

Full Name *(please print)* \_\_\_\_\_

Spouse *(if applicable)* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail #1 \_\_\_\_\_ E-mail #2 \_\_\_\_\_

**I/We affirm the following *(Each person should initial the appropriate statement):***

\_\_\_\_\_ I am a former Anglican or Methodist and am now in full communion with the Catholic Church

\_\_\_\_\_ I am currently an Anglican/Methodist intending to be received into the Catholic Church.

\_\_\_\_\_ I was baptized in the Latin Rite of the Catholic Church. I now worship at the following  
Ordinariate parish: \_\_\_\_\_.

\_\_\_\_\_ I am the Roman Catholic spouse of a current or former Anglican or Methodist

\_\_\_\_\_ I am the child of a current or former Anglican or Methodist.

\_\_\_\_\_ A member of my family is/was an Anglican, but I am in full communion with the Catholic Church and want to be a member of the Personal Ordinariate of the Chair of St. Peter.

\_\_\_\_\_ My Roman Catholic sacramental initiation has been/will be completed through the Ordinariate or a Pastoral Provision (Anglican Use) parish

\_\_\_\_\_ Other circumstance *(please specify)* \_\_\_\_\_  
I want to be a member of the Personal Ordinariate of the Chair of St. Peter.

Children *(full names and ages)* \_\_\_\_\_

**Signatures:** *(ALL family members 14 years and over MUST sign the form to be members.)*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

*Please return this form to the Ordinariate office at 9845 Memorial Drive, Houston, TX 77024.  
You may also fax the form (713-429-4443) or e-mail a scanned copy ([office@usordinariate.org](mailto:office@usordinariate.org)).*

***Please remember that we depend on your financial support as well as your prayers. May God bless you!***