

**Seminarians serving in pastoral ministry
in 2024
Registration form**

Deacon – Seminarian

First name _____

SURNAME _____

Date of birth _____

Place of birth _____

Year of formation _____

Mobile number _____

Email _____

Mother tongue _____

Other languages _____

Seminary or Community

Name _____

Address _____

Authorisation from superior or person in charge of formation

I, the undersigned,

Tel. _____ Email _____

Recommend Mr _____, in formation in the seminary for which I am responsible, to come to Lourdes as part of the pastoral activities offered at the Sanctuary for the following dates (circle one).

Date

Signature