



Saint Benedict's Monastery  
104 Chapel Lane, St. Joseph, MN 56374-0220

**Benedictine Live-In  
Application/Registration**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Email address \_\_\_\_\_

Occupation \_\_\_\_\_

Education \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Would you say you are in good physical health? If not, please explain.

Briefly describe your religious background and faith journey.