



ST. LAURENCE CATHOLIC CHURCH

Spiritual Direction Ministry

SPIRITUAL DIRECTION QUESTIONNAIRE

We ask you to complete this form to assist us in discerning a Spiritual Director for you. Your information is held in strict confidence.

Name: _____

Address: _____

City & Zip: _____

Telephone: Home (_____) _____

Office (_____) _____

Cell Phone: (_____) _____

Email: _____

Date of Birth: _____

Occupation: _____

Marital Status: _____

Number & Ages of Children: _____

Religious Affiliation _____

Place of Worship: _____

(Please feel free to complete your responses on another sheet of paper and attach to this form)

- Briefly describe your relationship with God. How do you experience God in your everyday life?

- What are you currently using as a basis for your prayer? How often do you take time for personal prayer? How long are your prayer times?

- What do you hope to gain from spiritual direction?

- What led you to seek spiritual direction at this time?

- What days/times are more convenient for you to meet with a director? (days/evenings/weekends)

Signed: _____ Date: _____

**Please return this form to: Anne Marie Daniel, Spiritual Direction Ministry Coordinator
St. Laurence Ave Maria Parish Life Center**