



# DIOCESE OF SIOUX CITY

## TESTIMONIAL OF SUITABILITY

Request for Temporary Ministry of Priests and Deacons in the Diocese of Sioux City

**THIS FORM IS TO BE FILLED OUT BY A DIOCESAN OFFICIAL OR RELIGIOUS ORDER SUPERIOR**

In light of the provision of **can. 903 CIC** and **can. 703 § 1 CCEO**, I confirm to you, based on our personnel records that

\_\_\_\_\_ from the \_\_\_\_\_ is an  
FULL NAME OF PRIEST/DEACON PARISH/ORDER/INSTITUTION & CITY

incardinated ☐ Priest ☐ Deacon of the Arch/Diocese of \_\_\_\_\_  
and is in good standing.

In regard to \_\_\_\_\_, I am able to confirm the following statements:

**\*\* DIOCESAN OFFICIAL/RELIGIOUS SUPERIOR, PLEASE CHECK YES OR NO TO CONFIRM EACH STATEMENT BELOW \*\***

- ☐ **YES** ☐ **NO** There are no current allegations of sexual abuse of a minors or others pending against him.
- ☐ **YES** ☐ **NO** There are no past findings of a substantiated claim in his background which would render him unsuitable to work with minors.
- ☐ **YES** ☐ **NO** Has never been suspended from his ministry position or otherwise canonically disciplined.
- ☐ **YES** ☐ **NO** Has no particular mental or physical attribute, condition, and/or past situation which would adversely affect his performance or ministry.
- ☐ **YES** ☐ **NO** Has completed "VIRTUS" Safe Environment training.
- ☐ **YES** ☐ **NO** Is orthodox in belief, teaching and preaching and is fully in accord with the magisterium of the Church.

Visiting Priest/Deacon's email address: \_\_\_\_\_  
AN APPROVAL FOR TEMPORARY FACULTIES WILL BE SENT TO YOUR EMAIL ADDRESS

I personally attest to his good standing in the Archdiocese/Diocese of \_\_\_\_\_.

Date of Birth: \_\_\_\_\_ Date of Ordination: \_\_\_\_\_

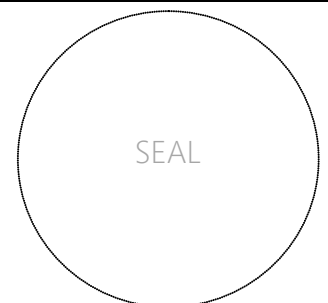
Current Assignment/Title \_\_\_\_\_  
PARISH NAME CITY

Religious Order: \_\_\_\_\_  
IF RELIGIOUS - ONLY VISITOR'S DIOCESAN OR RELIGIOUS ORDER SEAL

\_\_\_\_\_  
SIGNATURE OF DIOCESAN OFFICIAL OR RELIGIOUS SUPERIOR PRINT NAME

\_\_\_\_\_  
TITLE-DIOCESAN OFFICIAL/RELIGIOUS ORDER SUPERIOR DIOCESAN/RELIGIOUS SUPERIOR EMAIL ADDRESS

\_\_\_\_\_  
DATE OF APPROVAL



The purpose of the visit to the Diocese of Sioux City:

\_\_\_\_\_ at  
FUNERAL, RETREAT, CELEBRATE MASS, BAPTISM...

\_\_\_\_\_ on \_\_\_\_\_  
LOCATION(S) - PARISH(ES) / INSTITUTION(S) CITY(IES) DATE(S)

**RETREATS AND CONFERENCE PRESENTER: YOU MUST SUBMIT A COPY OF YOUR AGENDA AND THE CONTENTS OF YOUR PRESENTATION ALONG WITH THIS FORM.**

This form must be filled out in its entirety and sent to our office 30 days prior to the set date of visit. **Incomplete forms will not be accepted.** Should the visitor want to engage in more extensive ministry in the diocese, a formal request must be made to Deacon Mark Prosser, Chancellor, and receive an approval of the Diocese of Sioux City. Please e-mail to: Maria Garcia, [mariag@scdiocese.org](mailto:mariag@scdiocese.org) or call (712) 255-7933 with any question.