



# DIOCESE OF SIOUX CITY

## TESTIMONIAL OF SUITABILITY

### Temporary Ministry of Laity

I wish to confirm that:

\_\_\_\_\_ from \_\_\_\_\_  
FULL NAME OF LAY PERSON PARISH | CITY | STATE

is a person of honest moral character, excellent reputation, and a practicing Catholic in good standing with the Catholic Church. He/She has been invited by \_\_\_\_\_

\_\_\_\_\_ and seeks your permission to exercise lay ministry in your diocese.

Lay person email address: \_\_\_\_\_

The purpose of the visit is:

\_\_\_\_\_ at  
PRESENTER | SPEAKER - EVENT | CONFERENCE | RETREAT

\_\_\_\_\_ on \_\_\_\_\_  
LOCATION | PARISH | VENUE CITY DATE(S)

As his/her pastor, and to the best of my knowledge, I certify and attest that:

1. He/She is a practicing Catholic and in good standing with the Church.
2. He/She is a person of good moral character and reputation.
3. He/She has completed our diocesan training program for the protection of children.
4. His/Her mission and message are consistent with the teachings of the Church.

I recommend him/her so that he/she can be granted permission to exercise lay ministry in your diocese for the dates stated above.

\_\_\_\_\_  
PASTOR SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PASTOR EMAIL ADDRESS

\_\_\_\_\_  
PASTOR TELEPHONE NUMBER

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

PARISH SEAL



This form must be filled out in its entirety and sent to our office 30 days prior to the 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 approval of the Diocese of Sioux City. Please e-mail to: Melissa Bowman, [melissab@scdiocese.org](mailto:melissab@scdiocese.org) or call (712) 255-7933 with any question.