



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

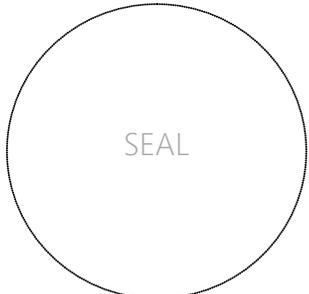
Religious Order: _____
IF RELIGIOUS - ONLY

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: Melissa Bowman, melissab@scdiocese.org or call (712) 255-7933 with any question.