



# DIOCESE OF SIOUX CITY

## TESTIMONIAL OF SUITABILITY

Request of Temporary Ministry for Religious in the Diocese of Sioux City

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

In light of the provision of **can. 903 CIC** and **can. 703 § 1 CCEO**, (which also applies to Religious who render temporary service in the Diocese of Sioux City) I wish to confirm that:

\_\_\_\_\_ from \_\_\_\_\_  
FULL NAME OF VISITING RELIGIOUS PARISH | ORDER/INSTITUTION | CITY

is a person of honest moral character, excellent reputation, and a practicing Catholic in good standing with the Catholic Church.

In regard to \_\_\_\_\_, I am able to make 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/her.
- YES**  **NO** There are no past findings of a substantiated claim in his/her background which would render him/her unsuitable to work with minors.
- YES**  **NO** Has never been suspended from his/her 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/her 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 Religious email address: \_\_\_\_\_

I personally attest to his/her good standing as a Religious of the Archdiocese/Diocese/Religious Order of :

NAME OF ARCHDIOCESE | DIOCESE | RELIGIOUS ORDER CITY | STATE

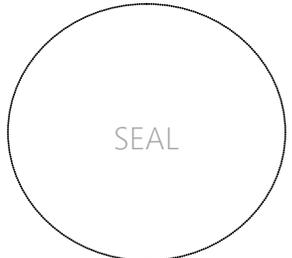
Date of Birth: \_\_\_\_\_ Occupation/Assignment: \_\_\_\_\_

SIGNATURE DIOCESAN OFFICIAL|RELIGIOUS ORDER SUPERIOR PRINT NAME

TITLE-DIOCESAN OFFICIAL/RELIGIOUS ORDER SUPERIOR DIOCESAN | RELIGIOUS SUPERIOR EMAIL ADDRESS

DATE OF APPROVAL

**VISITOR'S DIOCESAN OR RELIGIOUS ORDER SEAL**



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

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

LOCATION(S) | PARISH(ES) | INSTITUTION(S) CITY(IES) ON 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 letter 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](mailto:melissab@scdiocese.org) or call (712) 255-7933 with any question.