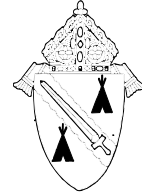


RETURN TO:

DIOCESE OF YAKIMA

Office of the Bishop
5301-A Tieton Drive, Yakima, WA 98908
Phone: 509-965-7117 Fax: 509-966-8334
email: rsiler@yakimadiocese.org



CLERGY REQUEST FOR TESTIMONIAL TO MINISTER OUTSIDE DIOCESE

This form should only be submitted if the Diocese you are visiting will not be requesting a testimonial directly from the Bishop's Office. Please inquire with the pastor of the parish you are visiting as to their clearance policies for clergy from outside their diocese.

Name of Priest or Deacon: _____

Priest or Deacon's Request Information:

Diocese to visit: _____

Parish to visit: _____

Address: _____

City, State, Zip _____

Telephone Number _____ Fax Number: _____

Dates of Visit: _____

Name and title of individual who invited you: _____

Explanation of Ministry/Reason for Visit (REQUIRED):

Visit Includes:

- Sacramental Ministry** *(If yes, check applicable boxes)* *and/or* **Guest Speaker** *(If yes, describe subject matter above)*
- Celebrate Mass
 - Concelebrate Mass
 - Confessions
 - Preaching
 - Celebrating Wedding Mass
 - Witness Wedding
 - Celebrate Baptism
 - Celebrate Funeral Mass
 - Other (describe):

Form Completed by: _____ Telephone No: _____

Please submit this request at least one month and preferably two months or more prior to visit.