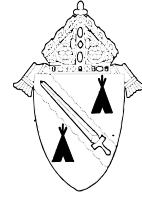


RETURN TO:

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



REQUEST FOR TESTIMONIAL FOR GUEST PRIEST OR DEACON

Name of Visiting Priest or Deacon: _____

Visiting Priest or Deacon's Bishop/Provincial Contact Information:

Name _____

Title: _____

Diocese/Religious Institute: _____

Address: _____

City, State, Zip _____

Telephone Number _____ Fax Number: _____

Dates of Visit: _____

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):

Parish to Visit: _____

Address: _____

City, State, Zip code: _____

Delegating/Permitting Priest Signature: _____

Form Completed by: _____ Telephone No: _____

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