

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.

Date: _____

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 and/or Guest Speaker *and/or*

(If yes, check applicable boxes) (If yes, describe subject matter above)

Celebrate Mass

Concelebrate Mass

Confessions

Preaching

Celebrating Wedding Mass

Witness Wedding

Celebrate Baptism

Celebrate Funeral Mass

Other (describe):

Guest Speaker

(If ye, describe subject matter above)

Form Completed by: _____ Telephone No: _____

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