

**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)*

**Guest Speaker**

*(If ye, 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.***