

RETURN TO:
DIOCESE OF YAKIMA
Office of the Bishop
P.O. Box 2189, Yakima, WA 98907
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.