

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



**REQUEST FOR TESTIMONIAL FOR GUEST PRIEST,
DEACON, RELIGIOUS OR SEMINARIAN**

Date: _____

Name of Visiting Priest, Deacon, Religious or Seminarian: _____

Visiting Priest, Deacon, Religious or Seminarian'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:

- | | | |
|---|---------------|---|
| <input type="checkbox"/> Sacramental Ministry
<i>(If yes, check applicable boxes)</i> | <i>and/or</i> | <input type="checkbox"/> Guest Speaker
<i>(If yes, describe subject matter above)</i> |
| <input type="checkbox"/> Celebrate Mass | | |
| <input type="checkbox"/> Con-celebrate Mass | | |
| <input type="checkbox"/> Confessions | | |
| <input type="checkbox"/> Preaching | | |
| <input type="checkbox"/> Celebrating Wedding Mass | | |
| <input type="checkbox"/> Witness Wedding | | |
| <input type="checkbox"/> Celebrate Baptism | | |
| <input type="checkbox"/> Celebrate Funeral Mass | | |
| <input type="checkbox"/> Other (describe): | | |

Parish to Visit: _____

Address: _____ City, State, Zip code: _____

Delegating/Permitting Priest Signature Required: _____

Form Completed by: _____ Telephone No: _____

E-mail: _____