



DIOCESE OF SIOUX CITY

TESTIMONIAL OF SUITABILITY

Temporary Ministry of Priests and Deacons in the Diocese of Sioux City

THIS FORM IS TO BE FILLED OUT BY A DIOCESAN OR RELIGIOUS SUPERIOR

In light of the provision of **can. 903 CIC** and **can. 703 § 1 CCEO**, I confirm to you, based on our personnel records that

_____ from the _____ is an
FULL NAME OF PRIEST/DEACON PARISH/ORDER/INSTITUTION

incardinated Priest Deacon of the Arch/Diocese of _____
and is in good standing.

In regard to _____, I am able to confirm the following statements:

* * * DIOCESAN/RELIGIOUS SUPERIOR, PLEASE CIRCLE "YES" OR "NO" TO CONFIRM EACH STATEMENT * * *

- YES - NO** There are no current allegations of sexual abuse of a minors or others pending against him.
- YES - NO** There are no past findings of a substantiated claim in his background which would render him unsuitable to work with minors.
- YES - NO** Has never been suspended from his ministry position or otherwise canonically disciplined.
- YES - NO** Has no particular mental or physical attribute, condition, and/or past situation which would adversely affect his performance or ministry.
- YES - NO** Has completed "VIRTUS" Safe Environment training.
- YES - NO** Is orthodox in belief, teaching and preaching and is fully in accord with the magisterium of the Church.

Visiting Priest/Deacon's email address: _____
AN APPROVAL FOR TEMPORARY FACULTIES WILL BE SENT TO YOUR EMAIL ADDRESS

I personally attest to his good standing in the Archdiocese/Diocese of _____.

Date of Birth: _____ Date of Ordination: _____

Current Assignment/Title _____
(PARISH NAME) (CITY)

Religious Order: _____
(IF RELIGIOUS - ONLY)

(SIGNATURE OF DIOCESAN OR RELIGIOUS SUPERIOR) (PLEASE PRINT YOUR NAME)

(TITLE OF RELIGIOUS SUPERIOR/PASTOR) (DIOCESAN/RELIGIOUS SUPERIOR EMAIL ADDRESS) (DATE OF APPROVAL)

_____ will be coming to the Diocese of Sioux City for:
(NAME OF RELIGIOUS/LAY PERSON)

_____ at
(PURPOSE OF VISIT, EX. FUNERAL FOR..., RETREAT, CELEBRATE MASS...)

_____ ON _____
(PLACE OF VISIT - PARISH / INSTITUTION) (CITY) (DATES)

RETREATS AND CONFERENCE PRESENTER: YOU MUST SUBMIT A COPY OF YOUR AGENDA AND THE CONTENTS OF YOUR PRESENTATION ALONG WITH THIS



This form must be filled out in its entirety and sent to our office 30 days prior to the set date of visit. **Incomplete forms will not be accepted.** Should the visitor want to engage in more extensive ministry in the diocese, a formal request must be made to Rev. Mark J. Stoll, J.C.L., Chancellor, and receive an approval of the Diocese of Sioux City. Please e-mail to: Grace Zavala, gracez@scdiocese.org or call (712) 233-7551 with any question.