



DIOCESE OF SIOUX CITY

TESTIMONIAL OF SUITABILITY

Temporary Ministry of Religious and Laity 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**, (which also applies to Religious and Laity who render temporary service in the Diocese of Sioux City) I wish to confirm that:

_____ from _____
FULL NAME OF PRIEST/DEACON PARISH/ORDER/INSTITUTION

is a person of honest moral character, excellent reputation and a practicing Catholic in good standing with the Catholic Church.

In regard to _____, I am able to make 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 Religious/Lay person's email address: _____
AN APPROVAL FOR TEMPORARY FACULTIES WILL BE SENT TO YOUR EMAIL ADDRESS

I personally attest to his/her good standing as a Religious / Lay person of the Archdiocese/Diocese of _____.

Date of Birth: _____ Occupation/Assignment: _____

He/She is a member of _____ (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.