

RETURN TO:

ARCHDIOCESE OF SEATTLE

Office of the Vicar for Clergy

710 9th Avenue, Seattle, WA 98104

Office: 206-382-4839, Cell: 206-718-4346, Fax: 206-654-4654

e-mail: jan.augustavo@seattlearch.org



REQUEST FOR TESTIMONIAL FOR GUEST PRIEST OR DEACON

Name of Visiting Priest or Deacon: _____

Visiting Priest or Deacon's Bishop/Provincial Contact Information:

Name: _____

Title: _____

Diocese/Religious Institute: _____

Address: _____

City, State, Zip _____

Telephone: _____ Fax: _____ Email: _____

Dates of Visit:

Explanation of Ministry/Reason for Visit (REQUIRED): _____

Visit includes:

Sacramental Ministry
(If yes, check applicable boxes)

and/or

Guest Speaker
(If yes, describe subject matter above)

- Celebrate Mass
- Con-celebrate Mass
- Confessions
- Preaching
- Celebrate Wedding Mass
- Witness Wedding
- Celebrate Baptism
- Celebrate Funeral Mass
- Other (describe):

Parish to Visit: _____

Address: _____

City, State, Zip code: _____

Delegating/ Permitting Priest Signature: _____

Form Completed by: _____ Telephone No. _____