

Request for Permission to Minister

SEND TO:

Bishop Michael Hoepfner
1200 Memorial Drive
P.O. Box 610
Crookston, MN 56716

Dear Bishop Hoepfner:

I write to request permission to minister in the Diocese of Crookston.

1. Personal Contact Information

My name _____

Ecclesiastical Office _____

Address _____

Telephone _____

FAX _____

E-mail _____

2. Diocese/Institute of Incardination

Place of incardination _____

Name of Bishop/Superior _____

Address _____

Phone _____

Fax _____

3. Occasion of my ministry in the Diocese of Crookston is (substitution, wedding, et cetera)

including dates:

4. Length of time

I expect to be ministering in the Diocese of Crookston from

(date)_____ to (date)_____

5. Residence during Ministry

I expect to be staying at (name of rectory or address)

With my signature below I give you permission to contact my Bishop/Superior for a recommendation. I understand that I am accountable for the information contained in the *Safe Environment Policy*, which includes the *Code of Conduct* of the Diocese of Crookston, available at www.crookston.org. I enclose with this acknowledgement that I am accountable for this material, along with the consent form for a criminal background check.

Sincerely,

SIGNATURE

DATE