



## Ministry Clearance Request Form For Visiting Religious

*Please submit all requests to: Archdiocese of Seattle, Attn: Archbishop's Delegate for Religious  
710 - 9<sup>th</sup> Avenue – Seattle, WA 98104 – Fax: 206-274-3161*

### Speaker/Presenter Information:

Name: \_\_\_\_\_

Religious Order: \_\_\_\_\_ Order Initials: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Superior Email Address: \_\_\_\_\_

Diocese of Residence: \_\_\_\_\_

Superior/Provincial: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Chancellor of Diocese: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Type of Ministry: \_\_\_\_\_  
(e.g., speaker, musician, support person, etc.)

### Event Information:

Title: \_\_\_\_\_

Date(s): \_\_\_\_\_ Location: \_\_\_\_\_

Will the presenter have access to youth or  
vulnerable adults?

If yes, then describe interaction:

Yes \_\_\_\_\_ No \_\_\_\_\_

In the case of speakers, please attach background information (curriculum vitae) and samples from printed publications and websites that relate to the topic on which the person will speak.

### Host Contact Information (Requester):

Name: \_\_\_\_\_

Title/Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Parish/Organization: \_\_\_\_\_ Pastor/Chaplin: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_