Diocese of Covington Application form for Verification of Good Standing – **LAITY**

Full Name:
Current Address:
Name and Address of Pastor and Parish where person is currently a member:
Name and Address of current Employer (if different from above):
Name/Address of institution where person is currently serving (if different from above):
Name/Address of Diocese where person is currently serving:
Service requested in the Diocese of Covington
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Purpose of Service:
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Purpose of Service:
Purpose of Service: If speaker, give content of talk:
Purpose of Service: If speaker, give content of talk: Date(s) of Service:
Purpose of Service: If speaker, give content of talk: Date(s) of Service: Place of Service: Mail to
Purpose of Service: If speaker, give content of talk: Date(s) of Service: Place of Service: Mail to Mrs. Jamie SchroederDiocese of Covington, 1125 Madison Ave., Covington, KY 41011
Purpose of Service: If speaker, give content of talk: Date(s) of Service: Place of Service: Mail to Mrs. Jamie SchroederDiocese of Covington, 1125 Madison Ave., Covington, KY 41011 Or FAX to 859-392-1508

Note: Give as many Catholic references as possible. Do not give this form to the potential speaker. Please wait for clearance before advertising.