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

Full Name of Religious:
Current Address:
Name/Address/Phone/Email of religious superior:
Name/Address/Phone/Email of institution where religious is currently serving:
Name/Address/Phone/Email of Diocese where religious is currently serving:
Service requested in the Diocese of Covington:
Purpose of Service:
If speaker, give content of talk:
Date(s) of Service:
Place of Service:
Submit by mail, fax, or email to:
Chancellor Diocese of Covington, 1125 Madison Ave., Covington, KY 41011 FAX: 859-392-1508 Email: chancery@covdio.org
Submitted by:
Phone Number: Email:
Signature of Proper Authority or his/her Delegate (of the requesting parish/institution/organization):

Note: Do not give this form to the prospective speaker/minister. Please wait for clearance before confirming/booking the speaker/minister and advertising the event.