



REQUEST FOR FACULTIES
IN THE ARCHDIOCESE OF MIAMI

DATE: _____

Diocesan Priest

Religious Priest

Deacon

NAME of Priest / or Deacon: _____

First Time Request for Faculties

Renewal of Faculties

Diocese of Incardination / or Religious Congregation:

➤ Bishop / or Superior's name: _____

➤ Bishop / of Superior's address: _____

➤ Bishop / or Superior's E-mail: _____

➤ Bishop / or Superior's Telephone: _____

➤ Bishop / of Superior's Fax: _____

PROPOSED MINISTRY IN THE ARCHDIOCESE OF MIAMI:

DATE(s): From _____ To _____

PLACE: (Parish, Mission, Apostolate, etc.): _____

Parish Retreat / Mission Guest Speaker Workshop Conference

Other, please specify: _____

Name of Pastor / Director requesting permission: _____

Address: _____

PASTOR / or DIRECTOR'S SIGNATURE:
