



REQUEST FOR FACULTIES
IN THE ARCHDIOCESE OF MIAMI

DATE: _____

Extern Diocesan Priest

Religious Priest

Deacon

NAME of Priest/Deacon: _____

Address: _____

Phone: _____ Email: _____

First Time Request for Faculties

Renewal of Faculties

Diocese of Incardination/Religious Congregation:

➤ **Bishop/Superior's name:** _____

address: _____

Telephone : _____ Fax: _____

E-mail: _____

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: _____

EVENT NAME: _____

Name of Pastor/Director requesting permission: _____

Address: _____

_____ Email: _____

PASTOR/DIRECTOR'S SIGNATURE: _____