

REQUEST FOR

Lay Speakers, Religious Sisters or Brothers

	DATE:
	nds:
City, County:	
□ Religious Sister	□ Religious Brother
Speaker's name:	
Address:	
Phone:	Email:
☐ First Request for permission	□ Renewal of permission
Home Diocese/Religious Congregation/Ins	titute or Association:
>Bishop/Superior's name:	
address:	
Telephone :	Fax:
E-mail:	
PROPOSED MINISTRY IN THE ARCI	HDIOCESE OF MIAMI:
DATE(s): From	To
PLACE (Parish, Mission, Apostolate, e	etc.):
□ Parish Retreat / Mission □ Gue	est Speaker Workshop Conference
☐ Other, please specify:	
EVENT NAME:	
Name of Pastor/Director requesting perm	ission:
Address:	
	Email:
PASTOR/DIRECTOR'S SIGNATURE:	