

REQUEST FOR

Lay Speakers, Religious Sisters or Brothers

For official use of the Chancery		
Date:	Process	
	Approved Not approved	
Initials:		

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