

TESTIMONIAL FORM MCP 2024

In accordance with the guidelines app	roved by the United States Catholic Conference of Bishops,
this is to certify that	is in good standing with:
(desi	gnated speaker)
(diocese, society, group or c	rganization)
- · · · · · · · · · · · · · · · · · · ·	d other records that we maintain, and I have consulted with previous assignments. Based on this review, I assure you to
the best of my ability that	is a person of good
	designated speaker)
•	
	(name)
3. Not exhibited any improper abuse, violations of celibace4. Not had any problems invinors or others, or any inactions5. No other particular mental	re criminal charges ever been brought against him/her; er behavior, such as any untreated problems with substance y, physical abuse, or financial impropriety; olving sexual abuse, any history of sexual involvement with appropriate sexual behavior; or physical attribute, condition, and/or past situation which formance of sacred ministry.
	(Signature of Ordinary or Major Superior)
	(Title)
(Affix seal here)	 (Date)
OFFICE USE ONLY	DATE RECEIVED:

