

STATEMENT OF THE ORDINARY/PROVINCIAL

This is to verify that _____ is a Deacon in good standing of

_____.

(Diocese/Religious Order)

I have carefully reviewed our personnel and other records which we maintain, and I have consulted with those who served with the above deacon in the works he has been assigned under our authority. Based on these inquiries, and upon personal knowledge, I assure you that _____ is a person of good moral character and reputation and is qualified to serve in an effective and suitable manner as a deacon in the Archdiocese of Atlanta. I have no reason to suspect that the above-mentioned deacon is unfit for service as a deacon. I therefore certify and affirmatively represent without qualification that he has:

1. Never been suspended or otherwise canonically disciplined.
2. No criminal record, nor have criminal charges ever been brought against him.
3. Manifested no behavioral problems in the past that would indicate he might deal with people, including minors, in an inappropriate manner.
4. Never been involved in an incident which called into question his fitness or suitability to fulfill the responsibilities and duties of his priestly ministry.
5. No other particular mental or physical attribute, condition, and/or past situation which would adversely affect his performance of priestly ministry.
6. Never been accused of any act of sexual abuse or sexual misconduct involving a minor.
7. Never been accused of any act of sexual abuse or sexual misconduct involving an adult.
8. Never been accused of any criminal conduct or acts of violence.
9. Never has been treated for mental illness, alcohol or substance abuse problem.
10. Good health and not in need of medical treatment.

I affirmatively represent that the above-mentioned deacon is fit to work in a parish. I understand that the Archdiocese of Atlanta will rely on this certification in order to issue faculties to the above-mentioned deacon and that the Archdiocese will issue faculties to the above-mentioned deacon upon receipt of a signed copy of this certification, whereby Your Diocese attests to these representations.

I hereby grant him permission to engage in pastoral ministry in the Archdiocese of Atlanta. Time limit for this permission: _____.

Please name the parish Deacon will be assigned to, if he has already been in contact with a pastor:
_____ Life Teen Steubenville Atlanta_____.

Signature

SEAL

Title

Date