

LETTER OF GOOD STANDING STATEMENT OF THE ORDINARY/PROVINCIAL

This is to verify that _____ is a Priest/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 priest/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 priest/deacon in the Archdiocese of St. Louis. I have no reason to suspect that the above-mentioned priest/deacon is unfit for service as a priest/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 priest/deacon is fit to be a parish priest/deacon. I understand that the Archdiocese of St. Louis will rely on this certification in order to issue faculties to the above-mentioned priest/deacon and that the Archdiocese will issue faculties to the above-mentioned priest/deacon upon receipt of a signed copy of this certification, whereby Your Diocese/Religious Order attests to these representations.

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

I affirmatively represent that the above-mentioned priest or deacon is fit to engage in pastoral ministry in the Archdiocese of St. Louis at Life Teen Restore Mission Camp: St. Louis.

Signature

SEAL

Title

Date