



# Statement of Certification Mission Support Request

In light of decisions made by the United States Conference of Catholic Bishops and in accordance with the policies and procedure of the Archdiocese of Chicago,

I, \_\_\_\_\_ of \_\_\_\_\_,  
*Name of Bishop, Superior, Executive* *Diocese, Congregation, Organization*

certify that \_\_\_\_\_:  
*Name of Visiting Missionary Representative*

- 1) \_\_\_\_\_ is a priest/sister/brother/lay person in good standing with this diocese/religious  
*check here* community or organization.
- 2) \_\_\_\_\_ has no history of untreated problems with substance abuse, violations of celibacy,  
*check here* sexual impropriety, physical abuse, or financial impropriety, according to personnel records.
- 3) \_\_\_\_\_ has nothing in his/her background that would render him/her unsuitable to work with  
*check here* minors.

Any instance of which the Ordinary/Religious Superior/Executive cannot offer the required assurances will eliminate the person from ministering in any capacity in the Archdiocese of Chicago.

\_\_\_\_\_  
Signature

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Title Date

**Note:** A priest must have this form completed by His Bishop or Religious Superior. Religious sisters, brothers and members of the laity need to be certified by the head of the organization that they represent: Bishop, Religious Superior or Executive.

Send this form to the Mission Office of the Archdiocese of Chicago by email (missions@archchicago.org), fax (312.534.1599) or mail (3525 S. Lake Park Ave. Chicago, IL 60653).