



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 procedures of the Archdiocese of Chicago,

I, _____ of _____,
Name of Bishop, Superior, Executive/Board Chair *Diocese, Congregation, Organization*

certify that _____:
Name of Missionary Representative

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

Any instance of which the Ordinary/Religious Superior/Executive cannot offer the required assurances will eliminate the person from obtaining missionary support of any kind from the Archdiocese of Chicago.

Signature

_____/_____/_____
Date

Printed Name

Title

Note: A diocesan priest must have this form completed by his home bishop. A religious priest, religious sisters and brothers must have their religious superior complete this form. Members of the laity must have this form completed by the head of the organization they represent.

Send this form to the Global Mission Office of the Archdiocese of Chicago by
Mail: 3525 South Lake Park Avenue Chicago, IL 60653
Email: missions@archchicago.org
Fax: 312.534.1599