

Deacon *Celebret* (Letter of Good Standing) Request Form

**Please contact the Office for Clergy as soon as you know your travel date(s);
provide as much information as possible.**

Name and current Parish: _____

Phone: _____ **Date(s) of event or travel:** _____

Will you be (circle) Assisting? Witnessing? Other: _____

Visiting the Arch/Diocese(s) of: _____

Name of Cardinal/Arch/Bishop: _____

Mailing Address: _____

Circle Ministry to be performed: Mass Baptism* Reconciliation First Communion* Funeral*
Retreat Pilgrimage Chaplain Travel Wedding* Workshop Other: _____

***Who will receive Sacrament:** _____

If a Baptism, name of parent(s): _____

***Relationship (if applicable):** _____

Church/venue where ministry will take place: _____

Pastor at church/venue: _____

Mailing address for church/venue: _____

Send this page to: jstewart@allentowndiocese.org or Fax to 610-433-7822