



DIOCESE OF VENICE IN FLORIDA

REQUEST FOR FACULTIES

The Diocese of Venice in Florida requests the following information regarding the Priest or Deacon, in order to receive permission to celebrate the Sacraments, preach, facilitate a Retreat or other religious occasion, as indicated below:

1. Pastor requesting permission or faculties:

Name: _____

Parish: _____

2. For the following period from: _____ to: _____

3. Indicate the following:

Reason for requesting Faculties: _____

OR Description of Event: _____

If also your Guest Speaker - Topic or Theme: _____

4. First and Last Name of Extern Priest or Deacon: _____

5. Current address of Extern Priest or Deacon:

6. Diocese of Incardination or Diocese of Current Assignment: _____

7. Regarding the Extern Priest or Deacon's (Arch)bishop, Provincial or Superior:

Name: _____

Address: _____

Phone with Area Code: _____

Signature of Pastor/Administrator: _____