

REQUEST FOR THE PRESENCE OF A BISHOP

DIOCESE OF MADISON

Telephone (608) 821-3002 Fax (608) 821-4552

Please return this form to:

Secretary to the Bishop
P.O. Box 44983
Madison, WI 53744-4983

PLEASE PRINT OR TYPE. Please do not use this form to request Confirmation.

We request the presence of a Bishop in the year _____ for:

1.0 Event, Feast, or Occasion _____

1.1 Theme, if any: _____

1.2 Day and Date _____ Time _____

1.3 Alternate Date(s) _____

1.4 Place _____

2.0 Parish / Institution / Group _____ City _____

3.1 Contact Person _____

3.2 Address

Street City State Zip

3.3 Telephone (_____) _____ Fax (_____) _____

4.0 Will there be Mass? yes no Normally if the Bishop is to preach he will preside as Celebrant.

5.0 Additional expectations of the Bishop:

Please attach a copy of the letter notifying the Pastor of the area about this event or ask him to sign below.

6.0 **Pastor's Signature**

Pastor's Name (please print) Pastor's Signature

7.0 If a **reception** is planned; if the celebration includes a **meal**: Check all that apply.

Time _____ Place _____

8.0 **Additional information** you would like the Bishop to know:

Thank you for your cooperation. Upon acceptance of the event you will receive a letter and Liturgy Planner.
Please do not publicize the presence of a Bishop until it is confirmed.