

THE ARCHDIOCESE OF SAN FRANCISCO

OFFICE OF THE VICAR FOR CLERGY

ONE PETER YORKE WAY, SAN FRANCISCO, CA 94109-6601 (415) 614-5611

PERMISSION FORM FOR VISITING CLERGY

Today's Date: _____

1. To be completed by priest in assignment (or his staff) whenever a visiting priest is expected for one-time ministry, supply ministry, or overnight visits (no ministry) within the boundaries of the Archdiocese. **The visiting priest will need to provide you with some of the information when you connect so review the form, below, before you speak with your visitor.**

2. The Archdiocese of San Francisco requires a current and specifically worded Letter of Good Standing (LGS) from the visitor's Provincial or Bishop (**see sample form that is also available on the clergy login website**). Please forward by email the sample LGS form on to your visiting priest when you are making initial arrangements with him. Ask him to forward the form to his Bishop or Provincial to be completed and signed.

3. A copy of the signed LGS should then be faxed back to you/your staff (**with the original coming by regular mail from the bishop or provincial to the Vicar for Clergy Office in the Archdiocese of San Francisco**). You will now have two forms: this permission form that you have completed, and the faxed copy of the signed LGS form that the priest's bishop or provincial has completed. Please forward both to the Vicar for Clergy Office by email to Annabelle Groh: groha@sfarch.org, keeping a copy for your records. Thank you, Fathers.

Date(s) of Sacramental Ministry in the Archdiocese: _____

Location in Archdiocese: _____

___ Baptism	PARISH	COUNTY
___ Wedding	NAME	
___ Funeral	NAMES	
___ Other Ministry, including overnight visits with no ministry	NAME	

INFORMATION ABOUT VISITING PRIEST OR DEACON:

Name: _____ email: _____

Address: _____ Tel: _____

_____ Fax: _____

_____ Country: _____

THE PRIEST OR DEACON IS COMING TO SAN FRANCISCO FROM THE FOLLOWING DIOCESE/PROVINCE/ORDER/PERSONAL PRELATURE/EPARCH:

Name of current (arch)bishop/provincial/superior: _____

Address: _____ Tel: _____

_____ **email:** _____

INFORMATION ABOUT SPONSORING PARISH OR ORGANIZATION:

Invited by (name of priest/deacon): _____

email: _____ Tel: _____

EMAIL FORM TO: ANNABELLE GROH: GROHA@SFARCH.ORG