



For official use
Date: _____
<input type="checkbox"/> Approved
<input type="checkbox"/> Not Approved
Initials: _____

**REQUEST TO PERFORM PASTORAL MINISTRY  
AT FRANCISCAN UNIVERSITY OF STEUBENVILLE**

**\*Cleric's Name:** \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Cell phone \_\_\_\_\_ Fax \_\_\_\_\_

**\*Cleric's Diocese of Incardination/Religious Congregation:**

\_\_\_\_\_

Bishop/Superior's Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Cell phone \_\_\_\_\_ Fax \_\_\_\_\_

**\*If you are not the Cleric, please complete the following:**

Name of Person making the request for an External Cleric: \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Cell phone \_\_\_\_\_ Fax \_\_\_\_\_

**\*Requested dates for pastoral ministry with Franciscan University of Steubenville:**

Requested Date(s): From \_\_\_\_\_ To \_\_\_\_\_

Reason for Request (conference, baptism, wedding, etc.):   
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**Cleric's Signature:** /s/ \_\_\_\_\_

*OR*

**Signature of Person requesting permission for Cleric:** /s/ \_\_\_\_\_