

DIOCESE OF NELSON

Catholic Pastoral Centre

3665 Benvoulin Road, Kelowna BC V1W 4M7

www.nelsondiocese.org

Safe Environment Office

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Disclosure Form 3 Declaration of (Arch)Bishop or Religious Superior

Legal Name of Person Visiting the Diocese of Nelson

Last Name: _____ First & Middle Names: _____

Vocation: Priest Deacon Religious Sister Seminarian

Declaration

The person named above belongs to the Archdiocese Diocese Religious Order
known as _____ in the country of _____.

Having carefully reviewed our personnel files and all other records that we maintain, and having consulted with his/her collaborators in the ministry and with all my personal knowledge, I am able to make each of the following statements:

- He/She is in good standing in the Archdiocese/Diocese/Religious Order noted above.
- He/She has never been suspended or otherwise canonically disciplined.
- No criminal charges have ever been brought against him/her, and he/she has no criminal record.
- He/She has never behaved in such a way as to indicate that he/she might engage in sexual behavior inconsistent with priestly celibacy (if applicable).
- He/She has never behaved in such a way as to indicate that he/she might deal with minors in an inappropriate manner.
- He/She has never behaved in such a way as to indicate that he/she might be suffering from alcoholism or other forms of substance abuse.
- He/She has no mental, moral, emotional or physical condition which might adversely affect his/her performance as a priest/religious/sister/deacon.
- He/She has never been involved in any incident, to my knowledge, which might adversely affect his/her reputation or ministry as a priest/religious/sister/deacon.
- He/She has no difficulty with regards to the management of his/her personal finances.
- He/She complies with the protocol of our Archdiocese/Diocese/Religious Congregation for working with children, youth and vulnerable adults.

Based on my inquiries and on my personal knowledge, the above-mentioned person is of good moral character and reputation and has the required qualities needed to exercise his/her ministry. Should his/her status change, I undertake to advise you without delay.

Length of Visit (choose one)

He/She will be in the Diocese of Nelson from _____ until _____ with my permission.

OR

The person named above will be in the Diocese of Nelson until further determined.

Dated this _____ day of _____, 20_____.

Signature: _____

Name: _____

Title: _____

Full Mailing Address: _____

Phone: _____

E-mail: _____

Scan and email this form to seo@nelsondiocese.org or fax it to the attention of SEO at 250.869.8697