

**DIOCESE OF MADISON
TESTIMONIAL OF SUITABILITY
FOR DIACONAL MINISTRY**



Office of the Vicar General
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Deacon _____ is seeking to exercise diaconal ministry in the Diocese of Madison. In accordance with the guidelines approved by the United States Conference of Catholic Bishops, this document verifies that _____ is a deacon of the Roman Catholic (Arch)Diocese of _____ who is suitable for diaconal ministry. Based on a review of his personnel file and my own personal knowledge and experience, I confidently attest to the accuracy of the following statements by certifying and initialing that:

[Please check each box and initial within the parenthesis each true statement below]

- () He is a deacon canonically suitable for ministry.
- () He is not suspended or otherwise canonically disciplined.
- () No criminal charges have ever been brought against him, and he has no criminal record.
- () He has never behaved in such a way as to indicate that he might engage in sexual behavior inconsistent with diaconal celibacy or the chastity of a married deacon.
- () He has never behaved in such a way as to indicate that he might deal with minors in an inappropriate manner.
- () He does not have a current, untreated alcohol or substance abuse problem.
- () He does not have a current, untreated emotional or mental health problem.
- () He has never been involved in any incident, to my knowledge, which would adversely affect his performance as a deacon.
- () He has participated in Safe Environment Awareness Training (e.g. VIRTUS).
- () A criminal background check has been completed with no concerns raised.

Deacon _____ is a man of good moral character and reputation and is qualified to serve in an effective and suitable manner as a deacon in your Diocese. I have no reason to suspect that the above –mentioned deacon is unfit to carry out his diaconal ministry. I fully endorse and support his celebration of the Sacraments by celebrating _____ at _____ Church in _____, Wisconsin.

I unhesitatingly recommend that he be admitted to exercise diaconal ministry in the Diocese of Madison under your authorization for the period of ___ day(s) beginning _____ through _____.

Signature

(Arch)Diocesan seal

Title/Diocese

Date