

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



Office of the Diocesan Administrator
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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 Dcn. _____ is a deacon of the Roman Catholic _____ 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 _____ 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