



Statement of the Superior and
Charter for the Protection of Children and Young People
(to be completed by the Superior)

FORM B
Consecrated Life Speaker Addressing Adults and/or Minors

This is to verify that _____
(NAME)

is a religious member of _____

from the Diocese/Archdiocese _____

I certify that he/she is a Catholic in Good Standing; not under a canonical penalty whether imposed or declared and is known for the orthodoxy of his/her teaching.

Signature

Print Name & Title (Superior)

Date

Charter for the Protection of Children and Young People

Compliance

I certify that he/she has completed the necessary safe environment training in our diocese as prescribed by the USCCB *Charter for the Protection of Children and Young People:*

Name of Training _____ Date completed _____

Virtus or its equivalent

Name of Screening _____ Date completed _____

ScreeningONE Background Screening or its equivalent

Superior's Signature

Print Superior's Name

Date

I have no reason to suspect that the above-mentioned person is unfit for service. I therefore certify that:

___ 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 inappropriate sexual behavior.

___ 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 does not have a current, untreated alcohol or substance abuse problem.

___ He/she does not have a current, untreated emotional or mental health problem.

___ He/she has never been involved in any incident, to my knowledge, which called into question his fitness or suitability to fulfill the responsibilities and duties of his ministry.

___ He/she has, as mandated by the USCCB Dallas Charter, participated in an adult training program for the Protection of Children and Young People (VIRTUS), or a similar program designed for the same purpose.

I hereby grant permission for

_____ (NAME)

to exercise ministry at

_____ (CATHOLIC CHURCH IN CITY)

Virginia on _____ (Date)

I understand that the Diocese of Richmond will rely on this certification in order to issue permission to the above-mentioned person to minister.

Affix Embossed Seal Below

Superior Signature

Print Name of Superior

Title

Date

Please scan, email, fax, or mail this form and all documents to:

Event Coordinator/Primary Contact: _____

Parish/Office: _____

Address: _____

City: _____ State: ___ Zip: _____

Fax: _____

Email: _____