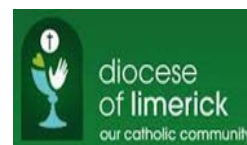


## Application for Faculties to Minister within the area of the Diocese of Limerick

Applies to Priests who are/will be members of Religious Communities in Limerick or  
are incardinated in another Diocese/Congregation and who are/will be resident in the  
Diocese of Limerick



### Confirmation of Good Standing

<b>Name:</b>		
Date of birth:	Phone number:	Email:
Church body to which you are incardinated:		
Name and Address of Bishop or Superior:		
<b>Appointment last held:</b>	Commencement date on which the applicant is seeking faculties in the Diocese of Limerick	
Has your request to minister in another Church body been approved by your Church authority? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Current Appointment:</b>	Date from:	Date to:
Address 1:		
Previous appointment:	Date from:	Date to:
Address 2:		
Previous appointment:	Date from:	Date to:
Address 3:		
Previous appointment:	Date from:	Date to:
Address 4:		
<b>Additional appointments should be detailed on a separate sheet and attached to this form.</b>		
<b>I hereby declare as follows</b>	<b>Yes</b>	<b>No</b>
1. The applicant has never been suspended or otherwise canonically disciplined.	<input type="checkbox"/>	<input type="checkbox"/>
2. The applicant has no criminal record or has not had criminal charges brought against them.	<input type="checkbox"/>	<input type="checkbox"/>
3. The applicant has no behavioural problems, either past or present, which would indicate that I might deal with children in an inappropriate manner.	<input type="checkbox"/>	<input type="checkbox"/>
4. The applicant has never been involved in an incident or exhibited behaviour that called into question their fitness or suitability for priestly ministry due to alcohol misuse, substance misuse, sexual misconduct, financial error or any other lapse of judgement	<input type="checkbox"/>	<input type="checkbox"/>
5. The applicant has no mental or physical needs that would adversely affect performance of their sacred ministry.	<input type="checkbox"/>	<input type="checkbox"/>
I confirm the information above and provided by Fr. _____ in his application.		
I attach a copy of the outcome of his Garda Vetting.		
Signature: _____ Date: _____		