

## 1.1C (4): Approval for Ministry

Lismore. The data entered will be used only for the purpose indicated on the form.

Dear	(insert name of applicant),
I wish to confirm that you ar	e authorised to minister in
(insert name of Church body	
,	, 
In	(insert location)
Duration	(insert start and end date)
Type of ministry	(insert specified ministry)
• •	s letter, and a copy has been forwarded to your own local
superior/parish priest and to	the local superior/parish priest of the location in which you will
be ministering.	
With every blessing,	
	<del></del>
(Insert signature of Church a	uthority)
(Insert date of Church author	rity signature)
Data protection – this form will be he	ld on file, in accordance with the data protection policy of the Diocese of Waterford &