

Disclosure Form for Visiting Clergy– Appendix 453A

Please complete and return to the Office of the Chancellor at chancery@caedm.ca or fax 780.465.3003.

VISITOR INFORMATION

Last Name: _____
First Name: _____
Address: _____
City: _____ Province/State: _____
Country: _____ Postal Code: _____
Phone (business): _____ Phone (cell): _____
Email: _____
Vocation: Priest Deacon
Diocese _____
Religious Order: _____
(if applicable) _____
Parish: _____
Parish Location: _____

VISIT INFORMATION

Date(s) of visit: _____
Location (parish/school, city): _____
Event & purpose of visit: _____
Contact person in Edm Archd.: _____
Phone (business/cell): _____
Email: _____

IN CASE OF EMERGENCY CONTACT

Name: _____
Relationship: _____
Phone (business): _____ Phone (cell): _____
Email: _____

Signature

Date

