**Letter of Suitability**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Elizabeth Neville Brown

Director

St. Cloud Mission Office/Society for the Propagation of the Faith

11 8th Avenue South

St. Cloud, MN. 56301

Dear Elizabeth;

This is a letter of suitability for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a (circle one) priest/deacon/religious/lay missionary in good standing in the (circle one) archdiocese/diocese/religious order/lay mission organization of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

He/She is currently seeking to exercise ministry and/or conduct mission appeals in parishes in the Diocese of St. Cloud as part of the Missionary Cooperation Plan.

To the best of my knowledge:

* He/She has never been suspended or otherwise canonically disciplined.
* He/She does not labor under any canonical impediments.
* He/She has never had criminal charges brought against him/her.
* He/She has not manifested moral or other behavioral problems in the past that would indicate he/she might deal with minors or adults in an inappropriate manner.
* He/She has never been involved in an incident which called into question his/her fitness or suitability to fulfill the responsibilities and duties of his/her ministry due to alcohol, substance abuse or other causes.
* He/She has no other mental or physical attributes, conditions and/or past situation which would adversely affect his/her performance or ministry.
* There have been no allegations of sexual abuse or impropriety.

If you have any questions, please feel free to contact me.

Given this day of (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the Diocese of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

By (Religious Order/Lay Organization)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signature of Bishop/Religious Order Provincial/Lay Organization Leadership

*(Letter should be on letterhead with a seal affixed (if applicable)*