



## REQUEST FOR TESTIMONIAL/CELEBRET

NAME OF PRIEST: \_\_\_\_\_

PARISH/ASSIGNMENT: \_\_\_\_\_

PURPOSE OF TRAVEL:

\_\_\_\_\_  
(WEDDING, FUNERAL, ETC)

DATE OR DATE RANGE OF EVENT:

\_\_\_\_\_ TO \_\_\_\_\_

PARISH OR INSTITUTION:

\_\_\_\_\_  
(THAT YOU ARE VISITING)

ADDRESS:

\_\_\_\_\_  
(ARCH)DIOCESE:

RETURN TO: OFFICE OF THE CHANCELLOR  
DIOCESE OF ROCKVILLE CENTRE  
PO BOX 9023  
ROCKVILLE CENTRE, NY 11571-9023

EMAIL: [CHANCELLOR@DRVC.ORG](mailto:CHANCELLOR@DRVC.ORG)  
FAX: 516-764-3316