

Diocese of Covington  
Application Form for Verification of Good Standing – **LAITY**

*Please do not give this form to the prospective speaker/minister for completion. Wait for clearance before confirming/booking the speaker/minister and advertising the event with the speaker/minister's name.*

**Speaker/Minister Full Name:**

Speaker/ Minister Current Address:

**Full Name, Mailing Address, and Email of Pastor and Parish** where speaker/minister is a member (if applicable):

**Name/Mailing Address/Email of Diocese** where person is currently serving:

**Full Name, Mailing Address, and Email of current Employer** and a direct **Supervisor** (if different from above):

**Full Name/Mailing Address/Email of Institution** and **Supervisor** where person is currently volunteering (if different from above):

**Service requested in the Diocese of Covington:**

Purpose of Service:

If speaker, give content of talk:

Date(s) of Service:

Place of Service:

**Submit by mail, fax or email to:**

**Chancellor...**Diocese of Covington, 1125 Madison Ave., Covington, KY 41011  
FAX: 859-392-1508                      Email: [chancery@covdio.org](mailto:chancery@covdio.org)

Submitted by:

Phone Number:

Email:

Signature of Proper Authority or his/her Delegate (of the requesting parish/institution/organization):

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