



COVER LETTER FORM FOR REQUESTING GUEST SPEAKERS IN THE DIOCESE OF MADISON

When requesting approval for a speaker, please return the completed form
with the pertinent documents to:

OFFICE OF THE VICAR GENERAL, Attn: Speaker Request
([Speaker Approval Policy linked here](#))

PERSON OR GROUP INVITING THE SPEAKER:

CONTACT PERSON: _____
ADDRESS: _____
PHONE: _____
E-MAIL: _____

PROPOSED SPEAKER:

NAME: _____
TITLE/POSITION: _____
TOPIC(S) TO BE PRESENTED: _____
(attach additional page if necessary) _____

EVENT:

NAME OF EVENT: _____
DATE OF EVENT: _____
EVENT LOCATION: _____

ATTESTATION

- I can attest to the proposed speaker's fidelity to the teachings and the Magisterium of the Catholic Church.
- I am unsure about the proposed speaker's fidelity to the teachings and the Magisterium of the Catholic Church (*please explain under "Additional Comments" on next page*).

Please include with this form:

- Proposed Speaker's *curriculum vitae*
- If the proposed speaker is a layperson, a *letter of support* from the speaker's pastor or ordinary attesting that he or she is a Catholic in good standing.
- If the proposed speaker is a religious, a *letter of suitability* from the speaker's superior attesting that he or she is in good standing.
- If the proposed speaker is a cleric, a *letter of suitability* (often referred to as a *celebret*) from the speaker's superior or ordinary attesting that he or she is in good standing.
- If the proposed speaker is a college or university professor, he or she should provide a *mandatum*, however, the lack of a *mandatum* does not necessarily disqualify a speaker, but this should be indicated.
- If not a Catholic, the speaker should provide a *written assurance* that his or her presentation will not conflict with Catholic teaching in any way.

- If the proposed speaker will address minors, proof that they have adequate safe environment training, as deemed by the Diocesan Safe Environment Officers and the USCCB Office of Child and Youth Protection Office

ADDITIONAL COMMENTS:

PERSON SUBMITTING THIS FORM:

Name: _____

Position: _____

Please return completed form to:
**OFFICE OF VICAR GENERAL
ATTN: SPEAKER REQUEST
702 S. HIGH POINT RD
MADISON, WI 53719**

[Form adopted August 2010]