



ROMAN CATHOLIC  
**DIOCESE  
OF CHARLESTON**

OFFICE OF THE PERMANENT DIACONATE

## *Letter of Good Standing Request*

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First and Last Name

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Street Address

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City, State, Zip

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Current Parish Assignment

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Date of Ordination (*if not incardinated in DOC*)

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Diocese You are Visiting

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Parish or Venue

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Parish/Venue City and State

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Reason for Letter Request

*Visiting another diocese, participating in a specific event, retreats, etc.*

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Date of Event

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Name of Parish Pastor / Contact Person at Location

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Parish Pastor / Contact Person Email Address

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**If Conferring a Sacrament:**

*Name(s) of those for whom you are celebrating Baptism, Marriage, Funeral*

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**If Attending a Retreat:**

*List ministries in which you will participate*

- My Safe Environment Training / VIRTUS and background screening status are current and verification is attached.**

**SUBMIT**

Request must be submitted at least 10 days in advance of event date to [diaconateadmin@charlestdioocese.org](mailto:diaconateadmin@charlestdioocese.org).

*For funeral-related requests, contact the Office of the Permanent Diaconate immediately for expedited processing.*