



DIOCESE OF ROCKVILLE CENTRE

Propagation of the Faith and Mission Office

Missionary Co-operative Affidavit



Attn: Missionary Co-operative Coordinator
50 N Park Ave
Rockville Centre, NY 11570

516-678-5800 X201

Fax: 516-594-0064

In accordance with Guidelines approved by the National Conference of Catholic Bishops, this is to
Certify that _____ is in good standing with the
Name of Priest/Deacon/Religious/Layperson

Name of Diocese or Institute/Society

I have reviewed the personnel file and other records that we maintain and I have consulted with some
who have served with this person in previous assignment. Based on this review, I assure you to the best of my
ability that _____ has:
Name of Priest/Deacon/Religious/Layperson

1. Never been suspended or otherwise canonically disciplined.
2. No criminal record, nor have criminal charges ever been brought against him/her.
3. Manifested no behavioral problems in the past that would indicate he/she might deal with minors in an inappropriate manner.
4. Never been involved in an accident or exhibited behavior which called into question his fitness Or suitability for ministry due to alcohol, substance abuse, or other causes.
5. No other particular mental or physical attribute, condition, and/or past situation which would adversely affect performance of his/her ministry.

Signature of Ordinary or Major Superior

Title

Place Seal

Date

PLEASE RETURN THIS AFFIDAVIT WHEN YOU RETURN THE ENCLOSED ACCEPTANCE FORM. USE THIS FORM ONLY. WITHOUT IT YOU WILL NOT BE ALLOWED TO COMPLETE YOUR COOP ASSIGNMENT.