Request Bishop Persico for Blessing, Mass or Visit

Diocese of Erie

SCHOOLS: *Send this form and letter of invitation to the Catholic Schools Office, by mail: Kathy Robbinson, 429 E. Grandview Blvd., Erie, PA 16504 or email: krobbinson@ErieRCD.org.*

- *for a liturgical event, Mass or blessing, submit request at least six weeks in advance*
- *for a visit or other event submit at least three weeks in advance.*

ALL OTHERS: *Send this form and letter at least six weeks in advance to the Office of the Bishop, by mail: Roberta Palmisano, 429 E. Grandview Blvd., Erie, PA 16504 or email: rpalmisano@ErieRCD.org.*

1. **Coordinator for visit or liturgy**: _____

   Phone: _____ **Email:** _____

   This individual has authority to make decisions regarding this event or liturgy and acts as the liaison with the Bishop's Office and the Divine Worship Office for all necessary planning.

2. **Event Day /Date /Time frame:** _____

   (e.g., Monday, December 7, 2020, 1:30 – 3:00pm)

3. **Location of visit /liturgy:** _____

   (Parish or School) *(City)*

   NOTE: If St. Mark Catholic Center Chapel is to be used, please contact Rev. Scott Jabo (814-824-1200) before submitting this form.

4. **We request Bishop Persico for a:**

   ☐ Visit ☐ Mass ☐ Blessing

   ☐ Prayer Service ☐ Other *(Give details below.)*

   (Check all that apply.)

5. **Give a brief description of your request and intended audience:** *(Examples: Blessing of a statue for parish/school, 7th Grade Vocations Talk, Parish 50th Anniversary Mass)*

6. **Is a meal for the Bishop scheduled?** ☐ Yes ☐ No ☐ We don't know yet

   Location: _____ **Time:** _____

   NOTE: There is no expectation that a meal be offered. This is asked to plan Bishop's travel schedule.

Signatures must be included for requests to be considered.

_____

Person completing form *Position* *Date*

_____

Pastor / President (If applicable – Note: Pastor and Principal must sign for parish-based schools.) *Date*

_____

Principal (If applicable – Note: President and Principal must sign for school systems.) *Date*

All requests will be reviewed and confirmed as quickly as possible.

For Office Use

CATHOLIC SCHOOLS OFFICE *Enter Date*		*OFFICE OF BISHOP* *Enter Date*	
Date Request received:	_____	*Date Request received:*	_____
Reviewed by CSO Director:	_____	*Denied by Bishop:*	_____
Forwarded to Office of Bishop:	_____	*Approved by Bishop:*	_____
		Copies sent to: Chancery	_____
		Worship	_____
Event Final Date Approved by Bishop:	_____	*(If applicable) CSO*	_____