	Request Bisł	hop Persico for Blessing, Mass or Visit	
	<ul> <li><u>SCHOOLS</u>: Send this form and letter of invitation to the Catholic Schools Office, c/o Kathy Robbinson, by mail: PO Box 10397, Erie, PA 16514 or email: krobbinson@ErieRCD.org.</li> <li>for a liturgical event, Mass or blessing, submit request <u>at least six weeks in advance</u></li> <li>for a visit or other event submit <u>at least three weeks in advance</u>.</li> <li><u>ALL OTHERS</u>: Send this form and letter <u>at least six weeks in advance</u> to the Office of the Bishop, c/o Roberta Palmisano, by mail: PO Box 10397, Erie, PA 16514 or email: rpalmisano@ErieRCD.org.</li> </ul>		
Diocese of Er			
1.	Coordinator for visit or liturgy	<b>y</b> :	
	Phone:	Email:	
		make decisions regarding this event or liturgy and acts as ce and the Divine Worship Office for all necessary plannir	
2.	Event Day /Date /Time frame:	(e.g., Monday, December 7, 2020, 1:30 – 3:00pm)	
3.	Location of visit /liturgy:		
	NOTE: If St. Mark Catholic Center <u>before</u> submitting this form.	Chapel is to be used, please contact Rev. Scott Jabo (814-82-	-1200)
4.	We request Bishop Persico fo	or a:	
	Visit	Mass Blessing	
	Prayer Service	Other (Give details below.) (Check all that apply.)	
-		<b>ur request and intended audience:</b> (Examples: Blessin ade Vocations Talk, Parish 50 <sup>th</sup> Anniversary Mass)	
6.	Is a meal for the Bishop sche	duled?YesNoWe don't know	w yet
	Location:	Time:	
	NOTE: There is no expectation that	at a meal be offered. This is asked to plan Bishop's travel scheo	lule.
	Signaturos mu	ust be included for requests to be considered.	
	Signatures int	as be included for requests to be considered.	
		5	
Per	son completing form	Position	Date
Pas	stor / President (If applicable – Note: F	Pastor and Principal must sign for parish-based schools.)	Date
Prir	ncipal (If applicable – Note: President a	and Principal must sign for school systems.)	Date
	All requests will	be reviewed and confirmed as quickly as possible.	
		For Office Use	
OFFICE	OF EDUCATION Enter Date	OFFICE OF BISHOP	Enter Date
Date Request received:     Date Request receive       Deviation of the OSO Directory     Date Request receive			
	ed by CSO Director:	Denied by Bishop: Approved by Bishop:	
		Copies sent to: Chancery	

Worship

(If applicable) CSO

Event Final Date Approved by Bishop: \_\_\_\_