

# CATHOLIC DIOCESE OF SIOUX FALLS ~ OFFICE OF THE BISHOP

## REQUEST FOR BISHOP'S PRESENCE

Please complete and return this form to Melinda North  
Email: [mnorth@sfcatholic.org](mailto:mnorth@sfcatholic.org) Fax: (605) 334-2092

523 N. Duluth Ave, Sioux Falls, SD 57104  
Phone: (605) 988-3798

PLEASE TYPE OR PRINT

- We request:  Bishop DeGrood  Bishop Swain  Archbishop Gullickson  Whoever is available

- Type and Description of Event \_\_\_\_\_

- What is the event commemorating? \_\_\_\_\_

- Where will event be held? (name/address) \_\_\_\_\_

- Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

- Who are the invited guests? \_\_\_\_\_

- What is the expected attendance? \_\_\_\_\_

- Contact information: Parish / Organization Affiliation \_\_\_\_\_

Name & Title \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ City \_\_\_\_\_

If not a liturgy:

- Is the Bishop being asked to make public remarks? \_\_\_\_\_ Time allotted for Bishop: \_\_\_\_\_

- What would the Bishop's role be (prayer, address, attend)? \_\_\_\_\_

- Note any other invited dignitaries: \_\_\_\_\_

- Day of Event Primary Contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

- Special instructions, directions, parking info or other pertinent information

- Activities in conjunction with the Event

Reception  Meal  Pictures  Other (please describe) \_\_\_\_\_

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Pastor or Organization's Leader (Printed Name)

Signature

Date