

**REQUEST FOR PASTORAL MINISTRY  
CERTIFICATION APPLICATION PACKET**



**ARCHDIOCESE OF DETROIT**

Date: \_\_\_\_\_

To: Office for Pastoral Ministries  
Archdiocese of Detroit  
305 Michigan Avenue - 10th floor  
Detroit, MI 48226-2605

From: Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Parish/Institution \_\_\_\_\_

Home # (\_\_\_\_\_) \_\_\_\_\_

Work # (\_\_\_\_\_) \_\_\_\_\_

I am formally requesting an application for the Pastoral Ministry Certification Program sponsored by the Archdiocese of Detroit. The application fee is \$50.00. Checks must be made payable to the 'Archdiocese of Detroit' and must accompany the completed application.

\_\_\_\_\_  
Signature of Applicant

In the event of further questions, contact:  
Jim Kiefer - 313-237-5954  
Please copy and return to above address.