

Archdiocese of Galveston-Houston

Catholic Chaplain Corps

Electronic Pastoral Care Training Recommendation Form for PASTORS

(or parish representatives designated by the pastor)

Pastoral Visitor: Please type your information on this form. Please save it to your computer and email it to your pastor or his designated representative.

Pastor/Pastor's Representative: Please type in responses in the text box section of this document, save it to your computer, and email it to CCC@archgh.org with the subject Line "LOR."

Pastoral Visitor Complete:

Name: _____

Address: _____

City & State: _____ Zip: _____

Home Phone: _____

Office Phone: _____

Cell Phone: _____

Email: _____

Pastor/Representative Please Complete:

I, _____, in my capacity as pastor /representative of
_____ Parish recommends the following to be invited as a
participant in Pastoral Care Training courses.

***Please describe the kinds of pastoral care ministry that suggest that this nominee has the
'compassionate heart of a servant' and should be considered as a participant:***

Signature/Type: _____ **Date:** _____