

Diocese of Elphin

Confidential Child Protection Declaration Form

Surname: _____

First Name(s): _____

Address: _____

Phone Number(s) _____

Parish / Church Area: _____

Ministry for which you are applying: Permanent Diaconate

Date of Birth: ____/____/____. **Place of Birth:** _____

Any other name previously known as: _____

Do you have any prosecutions pending or have you ever been convicted of a criminal offence or been the subject of a caution or of a bind over order.

Yes **No**

If Yes, please state the nature and date(s) of the offence(s).

Nature of Offence

Date of Offence

Signed: _____

Date: ____/____/____.

Please note that you will be asked to complete a Garda Child Protection Vetting form at a later date.