



ARCHDIOCESE OF NEW YORK FAMILY LIFE

Pastor Approval/Recommendation Form

I approve/recommend (parishioner's name here) _____ to participate in the Bereavement Facilitator Training. He/she is a practicing Catholic and faithful to the Teachings of the Catholic Church, particularly in regard to paragraphs 991-992, 1005-1015, and 1017 in the *Catechism of the Catholic Church*.

**Some factors a pastor may want to consider in recommending a potential Bereavement Group Facilitator:*

- the person is not grieving a recent loss themselves and they have coped with past losses
- the person has a gift to communicate in a gentle, empathic manner
- the person is of sound judgment
- the person can keep confidence
- the person has the ability to facilitate a group (we will provide facilitation skills in our training)

Pastor's Signature: _____

Print Pastor's Name: _____

Parish Name & City: _____

Print Parishioner's Name: _____

Parishioner's Phone Number: _____

Parishioner's Address: _____

Parishioner's Email: _____

Date: _____

Please scan and email this approval/recommendation letter to Vincent.dasilva@archny.org or fax to 212-371-3382.