

Verification of Spiritual Direction

Form 5

Date: _____

This document is to verify that I have been meeting with my Spiritual Director on a regular basis.

Meetings per month _____ Number of months or years _____

Aspirant's Name _____

Aspirant's Signature _____

Spiritual Director's Name _____

Spiritual Director's Signature _____

Send this form to:

Executive Assistant to the Canon to the Ordinary
The Office of the Bishop
1300 Washington Street
Denver CO 80203-2008