



Group Leader and Adult Chaperone  
**Verification Form for the**  
**Diocese of Pensacola/Tallahassee**  
Charter for the Protection of Children  
and Young People

As Bishop/Vicar General/Chancellor of the Diocese of **Pensacola/Tallahassee**, I hereby notify Catholic Servant Ministries, Inc that each adult listed below has been background checked and cleared in accordance with the policies of the Diocese under the “Charter for the Protection of Children and Young People” as set forth by the United States Conference of Catholic Bishops. I understand that no adult will be permitted to attend as a volunteer or participate that has not been cleared by their home diocese and is listed on this declaration.

Parish/Group Name \_\_\_\_\_

Name  
(Must Match Online Registration)

Group Leader/Chaperone

Date of Fingerprinting

Date of PGC  
(Completed by Diocesan Office ONLY)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_

\_\_\_\_\_  
Number of Adults Verifying

(SEAL)

\_\_\_\_\_  
Signature of Bishop/  
Vicar General/Chancellor

\_\_\_\_\_  
Date Verified and Signed

Name  
(Must Match Online Registration)

Group Leader/Chaperone

Date of Fingerprinting  
(Completed by Diocesan Office ONLY)

Date of PGC

11) \_\_\_\_\_

12) \_\_\_\_\_

13) \_\_\_\_\_

14) \_\_\_\_\_

15) \_\_\_\_\_

16) \_\_\_\_\_

17) \_\_\_\_\_

18) \_\_\_\_\_

19) \_\_\_\_\_

20) \_\_\_\_\_

21) \_\_\_\_\_

22) \_\_\_\_\_

23) \_\_\_\_\_

24) \_\_\_\_\_

25) \_\_\_\_\_

26) \_\_\_\_\_

\_\_\_\_\_  
Number of Adults Verifying

(SEAL)

\_\_\_\_\_  
Signature of Bishop/  
Vicar General/Chancellor

\_\_\_\_\_  
Date Verified and Signed

\*\*\*If your group requires more than 20 adults, please make copies of this form\*\*\*