

[Church Letterhead]

Date: _____

I, _____, am the Pastor and/or on staff at
[Minister's Name]

the _____ . I will be visiting parishioners within
[Name of Church]

my congregation at the hospitals within the _____ area.
[City/Town]

Certification:

This is to certify that _____ is an Ordained Minister and
[Minister's Name]

serves _____ and is hereby authorized by this church to
[Name of Church]

participate in the privileges extended to Pastors by _____ .
[Name of Hospital]

Signature of Official Board Chairperson/
Lay Denominational Leader: _____

Print Name: _____

Address: _____

Phone: _____

Ministers/Pastors currently with a Clergy Badge:

