

Verification of Spiritual Direction

Form D7

Send this form to:

Executive Administrator
The Diocese of Colorado
1300 Washington Street
Denver, CO 80203-1311

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

_____ Meetings per month

_____ Number of months or years

Aspirant's Name _____

Aspirant's Signature _____

Spiritual Director's Name _____

Spiritual Director's Signature _____