



TOTUS TUUS

Diocese of Duluth ✕ 2830 E. 4th St.
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Referral Form

The following information should be completed by the applicant before this form is forwarded to and completed by the referent.

Applicant's Information

Name _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email Address _____

The following is to be completed by the referent only. Please return this referral form to the Diocesan office (address above) by Wednesday, May 11, 2016. Thank you for your time in completing this referral. Please know that all the information you present about the applicant will be held confidential.

Referent's Information

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work _____

Email Address _____

Describe your relationship to the applicant and how long you have known him or her.

How familiar are you with youth ministry or specifically with Totus Tuus?

Please comment on the applicant's involvement in the Catholic Church.

Would this person be a good role model for a young person? Explain.

Please include any additional information we should know and take into consideration when making our decision.

Signature

Date