



Diocesan NFP Program Endorsement Application

NFP Program, Secretariat of Laity, Marriage, Family Life and Youth, United States Conference of Catholic Bishops; 3211 4th St., NE, Washington, DC 20017; 202-541-3240; nfp@usccb.org.

Name of (Arch)Diocese: _____

Name of (Arch)Diocesan Bishop: _____

Name of (Arch)Diocesan NFP Coordinator: _____

Name and Title of Diocesan Supervisor over NFP Ministry: _____

Name of (Arch)Diocesan Office: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Cell Phone: _____

NFP Coordinator's E-mail Address: _____

This is to request that the Natural Family Planning Program of the United States Conference of Catholic Bishops conduct an evaluation of this (arch)diocesan NFP program according to the *Standards for Diocesan NFP Ministry*.

Signature of the (Arch)Bishop *Date*

Signature of the Diocesan NFP Coordinator *Date*