

**CATHOLIC SOCIAL MINISTRIES, INC.**

**REQUEST FOR ALTERNATIVE MEANS OR LOCATION  
OF CONFIDENTIAL COMMUNICATIONS**

Name: (First/Middle/Last) \_\_\_\_\_

Address: (Street/City/State/Zip Code) \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Request: \_\_\_\_\_

I REQUEST CATHOLIC SOCIAL MINISTRIES, INC. TO COMMUNICATE CONFIDENTIAL  
INFORMATION TO ME IN THE FOLLOWING MANNER:

Telephone communication at the following telephone number: \_\_\_\_\_

\_\_\_\_ Leave a message on an answering machine at this number

\_\_\_\_ Do not leave a message on an answering machine at this number

Written communication to be mailed to the following address:

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

IN THE EVENT THIS REQUEST IS MADE BY THE INDIVIDUAL'S PERSONAL  
REPRESENTATIVE

\_\_\_\_\_  
Signature of Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal authority of Personal Representative

**For Office Use:**

Name/Title of individual processing this request: \_\_\_\_\_

Date request processed: \_\_\_\_\_