

Acknowledgement of Receipt

I have received a copy of the Diocese of Peoria's *Policies and Procedures Relating to Allegations of Sexual Abuse of Minors by Priests or Deacons or by Lay Employees or Volunteers*. I have read the *Policies and Procedures*, understand its meaning and agree to conduct myself in accordance with its terms. I also agree to be governed by the provisions of the *Policies and Procedures* and acknowledge the rights and obligations of the Bishop of the Diocese of Peoria.

I acknowledge that the *Policies and Procedures Relating to Allegations of Sexual Abuse of Minors by Priests or Deacons or by Lay Employees or Volunteers* is not intended to create any contractual obligations, express or implied, on the part of the Diocese of Peoria.

Signature

Printed Name

Parish/Institution/Agency/Department

Date

*Please return signed copy to:
Office of the Vicar General
419 NE Madison Avenue
Peoria IL 61603*