

## **COMMUNICATION REQUEST FORM**

## For Submitting a Story

This form is designed for ministries and groups within the parish to submit stories for publication across various media platforms. Please provide as much detail as possible to help us share your story effectively.

Ministry / Organization Name	Ministry / Organization Contact Name
Ministry / Organization Contact Phone Number	Ministry / Organization Contact Email
Title of the Story	
What: What is the story about? Describe the key event, ac	tivity, or achievement that you wish to highlight.
When: When did this event or activity take place? Please in	nclude specific dates and times
Where: Where did the event or activity occur? Include the	location and any relevant details.
Why: Why is this story important? Explain the significance	of the event or activity and its impact on the parish community.
Cause/Objective: What was the purpose or goal of this eve	nt or activity? What were you hoping to achieve?
Outcome: What was the result or impact of the event? Sha	re any measurable outcomes, feedback, or success stories.



Future Plans: Are there any future events or follow-up activities planned related to this story?		
Anything Else We Should Know? Is there any additional in	nformation that would help us shar	re your story effectively?
Supporting Materials		
<ul> <li>Photos or Visuals: Please attach any photos or v</li> </ul>	visual materials related to the story	ı (JPEG, PNG, or PDF format).
Please send the completed form to media By submitting this form, you agree to allow the Media Newsletter. These changes may include adjustments to a bulletin, website, social media, or any other communica effectively and professionally across all platforms, ma	n Coordinator to make necessary ch ensure that the material is optimize ation channels. This process ensure	nanges to ensure the story is optimized for the ed for the selected media platforms, such as th es that your event or message is communicated
equest submitted by:		
rint Name	Approved by	Date
Email		

Phone #

Date

Diocesan Form(s)

Check Additional Forms Needing to be Submitted

Facility Request \_\_\_\_ Event Planning Request \_\_\_