

**CATHOLIC CHARITIES OF THE ARCHDIOCESE OF DUBUQUE  
COUNSELING PROGRAM**

**CONSENT TO INTERVIEW/ COUNSEL WITH MINORS**

I/We hereby authorize Catholic Charities of the Archdiocese of Dubuque to interview/ counsel minors (anyone 17 years old or younger) in our family, either with other members of the family present, or individually.

Name(s) of Minor(s)	Date(s) of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ Signature of Parent/ Guardian	_____ Date
_____ Signature of Parent/ Guardian	_____ Date
_____ Agency Representative	_____ Date