



VIRTUS TRANSFER REQUEST
Print Clearly

Legal Name _____
Address _____
City _____ State _____ Zip _____
Birthdate _____ Last 4 digits of SSN _____
Email _____

Please transfer my VIRTUS account from the (Arch)Diocese of _____
to the (Arch)Diocese of _____

I attended a VIRTUS training session at _____
(Arch)Diocese _____
Session location _____
Session Date _____
Primary location in this (Arch)Diocese _____

Primary location at my new (Arch)Diocese _____
Primary role _____
Title or function _____

I acknowledge that I attended a three-hour live VIRTUS training session.
Yes _____ No _____

I acknowledge that I am making this request through the Archdiocese of Cincinnati and that my legal name, date of birth, and last four digits of my Social Security Number are correct.

Printed Legal Name _____
Signed Legal Name _____
Date of Request _____

To request your VIRTUS account to be transferred, please send this completed form, via US Mail, fax or email to:

Jackie Heinitz
100 East Eighth Street, 8th Floor
Archdiocese of Cincinnati
Cincinnati, Ohio 45202-2129

Fax - 513-421-6225
Email – jheinitz@catholiccincinnati.org

This is ONLY for those people who currently are in the Archdiocese of Cincinnati and the Diocese of Covington.

I would like to link my VIRTUS account between the
Archdiocese of Cincinnati and the Diocese of Covington Yes _____ No _____