



VIRTUS Transfer Request

Please transfer my VIRTUS account to the Archdiocese of Cincinnati.

Legal Name _____
Address _____
City _____ State _____ Zip Code _____
E-Mail _____
Birthdate _____ Last 4 Digits of my SSN _____

I attended a VIRTUS training session at:

(Arch) Diocese _____
Session Location _____
Session Date _____
Primary Location in this (Arch) Diocese _____
Primary Role in this (Arch) Diocese _____
Title or Function in this (Arch) Diocese _____

My Archdiocese of Cincinnati primary location information is:

Primary Location _____
Primary Role _____
Title or Function _____

I would like to maintain my VIRTUS account in the Diocese of Covington, as well as in the Archdiocese of Cincinnati. _____ Yes _____ No

I acknowledge that I am making this request to the Archdiocese of Cincinnati, that my address in VIRTUS® is correct.

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

To request your VIRTUS account to be transferred, please send this completed form, via U.S. Mail, fax or e-mail to:

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

Fax: 513-421-6225
E-Mail: jheinitz@catholiccincinnati.org