



Parish Verification & Assistance Form

Families who are active registered members of a local Catholic parish are eligible to receive the participating Catholic rate. Please complete and return this form for verification.

Parents/Guardians (full name)

Street Address: _____ City: _____ Zip: _____

Student(s) Name

Grade

_____	_____
_____	_____
_____	_____
_____	_____

I confirm that my family is a registered member of _____ Catholic Church and as such:

We will practice our Catholic faith by participating weekly at Mass as the Sunday Eucharist is the center of our life as Catholics.

We will serve our parish by active involvement in its activities. Catholics give witness to their faith by taking part in the Church's ministry and mission.

We will contribute to our parish as we are financially able throughout the calendar year.

Parent Signature: _____ Date: _____

Pastor Verification: I consider the above named family to be an active registered family of our parish.

Pastor Signature: _____ Date: _____