

VERIFICATION OF PARISH REGISTRATION
(TO BE COMPLETED BY CATHOLIC FAMILIES ONLY)

Name: _____

Address: _____

City, State, Zip: _____

We affirm that our family is registered at _____ Parish and affirms that our family:

- Regularly attends Sunday Mass.
- Contributes financially to the parish envelope/Faith Direct.
- Participates in the spiritual life of the parish.
- Participates in the parish fundraisers.

Signature: _____ Date: _____

I acknowledge that this family is a registered and practicing Catholic family in our parish.

Signature of Pastor: _____ Date: _____