



PARISH VERIFICATION

New families – Please return this form with the new student application.

Name of your Parish: _____ Location: _____

Parent(s)/Guardian(s): _____

Parent(s)/Guardian(s) phone numbers: _____ / _____
Home Cell

Address _____
Street City Zip Code

Student's Name/Grade

Date registered in parish: _____

Do you attend Mass regularly every Sunday and Holy Days of Obligation? ____ Yes ____ No

Are you financially supportive of the parish? ____ Yes ____ No

Is this student currently attending PSR classes? ____ Yes ____ No

(parent/guardian signature)

(parent/guardian signature)

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This section to be completed by the Pastor:

The family listed above is an active member of the parish. An active member as stated in our admission policy means that the family is participating in Sacramental Life of the Church, attendance at Sunday Mass and Holy Days of Obligation and, where possible, financial support of Parish.

Please check one: Yes ____ No ____ Family NOT registered in this Parish ____

Comments from the pastor _____

Pastor's Signature _____ Date _____