PARISH FAMILY AGREEMENT
(Parishes other than St. Joseph)

# FAMILY TO COMPLETE AND RETURN TO SCHOOL OFFICE WITH REGISTRATION FORMS

Parish
Name_____

Family
Name_____
Last First

Address_____
Street City Zip Code

Telephone_____
Home Work Cell

Please list all children in your family under the age of 18:

| Children's Names | Date of Birth |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

_____ _____
Signature-Family/Guardian Date

_____
Please print name
**********

PASTOR'S ACKNOWLEDGEMENT:
_____As Pastor, I will verify that the above-named family is registered, active (attend Mass) and supportive (use envelope system) in my parish.

_____No, I do not verify that the above-named family are active Catholics in my parish.

Pastor/Parish Designee: _____ Date:_____