

# PARISH VOUCHER

## For Participating Parishioners

**This form MUST be returned if you wish to be classified as a participating parishioner .**

Each family wishing to participate in the parish subsidy program is required to be registered and participating in a Triad area Catholic parish. Your family's status as a participating parishioner will be verified annually. If not verified as participating, your family will be classified as "non-participating parishioner" and charged the corresponding rate.

If you live within the Triad: To be classified as a participating parishioner you must complete this form, have it signed by your pastor and return it to Bishop McGuinness.

If you are relocating to the Triad: To be eligible for the participating rate you must submit this voucher signed by your current pastor. Your Catholic transfer status will be valid for a six month period, at that time you will need to provide a voucher from a Triad area Catholic parish.

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## Family Information

Please print or type all information

Family Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_ Parish: \_\_\_\_\_

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## Student Information

Please list each child applying

Student Name: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student Name: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ School: \_\_\_\_\_

I/We, the parents/guardians of the student(s) listed above understand:

- A. A **registered** member is one who is officially listed on the parish census.
- B. A **participating** member is one who is involved and intends continued involvement in weekly parish worship and contribution of time, talent and treasure for the support of the parish.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Pastor Certification

I certify, as pastor of the above designated parish, that the listed parent and student(s) are participating parishioners.

Pastor Signature: \_\_\_\_\_ Date: \_\_\_\_\_