



# Sacred Heart Cathedral School

## Parish Membership Certification

Parent's  
Name(s) \_\_\_\_\_

—  
Address \_\_\_\_\_

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Phone Number \_\_\_\_\_

Child(ren)'s Name(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parish at which you are registered  
\_\_\_\_\_

I certify that the members of the family named above are registered members of the parish. They attend Mass regularly\* and actively support the parish. (\*currently interpreted to mean weekly)

---

Signature of Pastor/Delegate

Date

*Please have this form signed by your Pastor or his delegate.  
Application for admission is not complete until this form is signed and returned.*