



SACRED HEART
CATHEDRAL SCHOOL
EST. 1956

**SACRED HEART CATHEDRAL SCHOOL
PARISH MEMBERSHIP CERTIFICATION**

Parent's Name _____

Address _____

City _____ State _____ Zip _____

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 confirm in advance that you are formally registered with your parish before requesting this form be signed by your Pastor or his delegate. Application for admission is not complete until this form is signed and returned