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# PARISH VERIFICATION FORM

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*This verifies that*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

Is a member in good standing of \_\_\_\_\_ Parish in the Diocese of Arlington and should receive the Catholic tuition rate at Saint Ann Catholic School.

\_\_\_\_\_  
PASTOR

\_\_\_\_\_  
DATE

