



**Diocese of Alexandria
Catholic Schools Office**

4400 Coliseum Blvd.

Alexandria, Louisiana 71303

Phone: (318) 445-6424 • Fax: (318) 448-6121

Certificate of Parish Registration

Name _____

The person whose name appears above is seeking a position in the Catholic Schools of the Diocese and must certify his or her standing with the Church as a condition of employment.

To the best of my knowledge, this person (check all that apply):

_____ Is a baptized Catholic and registered member of this parish.

_____ Regularly attends Mass on Sundays and receives the sacraments of the Church regularly.

_____ If married, was married according to the laws of the Catholic Church.

_____ I cannot certify this person's standing with the parish or Church.

Additional comments:

Pastor's signature _____

Date _____

Parish _____

Address _____

Please place official church seal here