



CEDAR VALLEY
CATHOLIC SCHOOLS

Parish Verification Form

Date: _____

This is to verify that the _____
(Last Name) (First Name)

family are an active members of _____ Parish.

Family Address: _____

Family City, State, Zip: _____

Family Contact Number: _____

Family Email: _____

Student Name	Current Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pastor/Designee Signature

Date

****Only one form per family is required K-12****
Please fill out reverse side for sacramental record.

CVCS Mission Statement

To provide an exceptional Catholic education to every student, built on the foundation of faith, discipline, knowledge and service.

Sacramental Record:

	Student 1	Student 2	Student 3	Student 4
Student Name				
Baptism Date				
Baptism Parish-City				
Reconciliation Date				
Reconciliation Parish-City				
First Eucharist Date				
First Eucharist Parish-City				
Confirmation Date				
Confirmation Parish-City				