



PASTOR RECOMMENDATION

Date: _____
(Please fill out the top portion of this form and give to your pastor)

Name _____ Phone _____

Address _____ City/State/Zip _____

Student (s) _____ Grade _____
_____ Grade _____
_____ Grade _____

Sacraments Received _____

To be filled out by church office

Father,
Thank you for your prompt attention to this form. It is important that it be returned to CTKCS as soon as possible as the **application will not be processed until this form is in our office.**

Date of Application _____
On Parish Roll Yes _____ No _____ Number of years in Parish _____
Participates in Parish Activities Yes _____ No _____
The above family is: Tithing _____ Non-tithing _____

Current Parish _____
Address _____
Phone Number _____

Pastor's Comments _____

Pastor's Signature _____ Date: _____