

THE ROMAN CATHOLIC
ARCHDIOCESE OF ATLANTA



**PARISH VERIFICATION FORM
2023- 2024**

The Archdiocese of Atlanta defines "Active Parishioners" as:

- Those who have been registered in the parish for at least six (6) months; (please note that if you registered during the last six (6) months in this parish, you must provide evidence that you were previously active members at another parish, for a cumulative period of at least six (6) months).
- And attend Mass weekly and on Holy Days of Obligation
- And contribute financially (in a trackable way) to support the parish and the Archbishop's Annual Appeal
- And contribute time and talent by participating in at least one ministry in the parish

Note that active membership is determined by the parish in which the family is a member.

This form applies only to the current year. Therefore, a **new** form has to be submitted at the beginning of every school year to determine eligibility for the Catholic rate for that year.

PLEASE PRINT:

Parents/Guardians Name _____

Home Phone _____ Work Number _____

Cell Phone _____ Email _____

Street Address _____ City/State _____ Zip Code _____

Name of Parish _____ Date Registered _____

Our family has a stewardship pledge on file with the parish this year: Yes No

Our family participates in this year's Archbishop's Annual Appeal: Yes No

Please list ALL students planning to attend _____ School
for the school year 20____ - 20____ even if acceptance has not been finalized.

List the students' first and last names and the grade they will be entering.

Name _____ Grade _____
First and Last Name

Name _____ Grade _____
First and Last Name

Name _____ Grade _____
First and Last Name

Name _____ Grade _____
First and Last Name

The information on this page is held in the strictest confidence. Please be as specific as possible.
Attach additional sheets if needed.

How often do you attend Mass (Sundays and Holy Days of Obligation): Regularly ___ Infrequently ___ Never ___

STEWARDSHIP OF TIME AND TALENT

Please list the ways that you and/or your spouse are involved in the ministries and activities of *your parish*.

We would like information on volunteering at the parish: Yes ___ No ___

STEWARDSHIP OF TREASURE

Contributions are made to the Parish: Weekly ___ Monthly ___ Other (Please Specify) _____

Method of Contributions: Envelope ___ Check ___ Cash ___ Electronic _____

NOTE: Cash contributions should be placed in parish offertory envelopes. Loose cash cannot be identified as yours and, therefore, will not count toward verification.

*** New Families Only**

Please indicate your child/children's religious education involvement.

Signature of Parent/Guardian _____ Date _____

For Parish Office Use Only:
This family is registered at _____ Parish.
This family is not registered at _____ Parish.
Based on the commitment of Time, Talent and Treasure, this family is considered:
_____ Active Catholic Family _____ Non-active Catholic Family
Pastor's comments: _____

Pastor's signature: _____ Date _____
Please note that ONLY the Pastor can validly sign this form or someone he designates.

Parish Office Please Return to:
St. Mary's Academy
861 Highway 279
Fayetteville, GA 30214
P: (770)461-2202 F: (770)461-9353
www.smaschool.org