

**ARCHDIOCESE OF HARTFORD
OFFICE OF CATHOLIC SCHOOLS
467 Bloomfield Avenue
Bloomfield, CT 06002-2999**

Directions to Applicant:

Please submit this form to your Pastor for the statement requested and have the Pastor forward the form to the school for which you are applying. Please supply the address below.

PASTOR'S APPROVAL FORM

TO: The Reverend Pastor

The person named below is applying for an advancement or finance position in the Archdiocese of Hartford. We ask that you provide a brief statement attesting to the fact that this applicant is a practicing member of the Catholic faith.

(Applicant's Name)

(Applicant's Address)

(Date)

(Pastor's Signature)

(Parish)

(Street Address)

(Telephone Number)

(Town) (Zip)

Please mail this form to: Principal/President of:

School Name: _____

Address: _____

City/State/Zip: _____