



Our Lady of Black Rock School

16 Peter Street
Buffalo, New York 14207
Phone: (716) 873-7497
Fax: (716) 447-9926
www.olbrSchool.org

Parishioner Verification Form 2017-2018

Completed by family:

Parishioner Name: _____
Parent/Guardian #1: First, Last Parent/Guardian #2: First, Last

Address: _____
Street

_____ City State Zip

Phone: _____ Cell: _____ Email: _____

We are registered parishioners of: _____ Pastor: _____
Parish Name

Our children are enrolled at Our Lady of Black Rock School:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

We are dedicated to the faith formation of our child(ren). We attend church as a family and support our parish through involvement in parish activities and ministries.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

To Be Completed By Pastor:

I certify that the above family is currently registered with our parish. They actively participate in the liturgy and support various parish activities and ministries.

Pastor Signature: _____ Date: _____

Pastors please retain the original document and either mail or fax one copy of the signed form to Our Lady of Black Rock School.