



## Evergreen Catholic Separate School Division

Suite 110 – 381 Grove Drive, Spruce Grove, Ab. T7X 2Y9  
Phone: (780) 962-5627 Fax: (780) 962-4664 Toll Free: 1-800-825-7152

Please have the priest where you practice your faith complete this form.

### **PRIEST REFERENCE FORM**

Date Completed: \_\_\_\_\_, 20\_\_

CANDIDATE'S NAME: \_\_\_\_\_

1. I know this candidate:

Very Well       Fairly Well       Slightly       Not at all

2. This candidate is registered in my parish:       YES       NO

3. To my knowledge, this candidate attends Mass regularly:       YES       NO

4. This candidate has accepted an active role in a Catholic organization or one of the ministries of the church:       YES       NO

If yes, please indicate which roles.

<input type="checkbox"/> Church choir	<input type="checkbox"/> RCIA/RCIC leader	<input type="checkbox"/> Lay leader
<input type="checkbox"/> CWL executive	<input type="checkbox"/> CWL member	<input type="checkbox"/> Parish committee
<input type="checkbox"/> Minister of the Eucharist	<input type="checkbox"/> K of C executive	<input type="checkbox"/> K of C member
<input type="checkbox"/> Children's liturgy	<input type="checkbox"/> Marriage preparation	
<input type="checkbox"/> Other (please specify) _____		

5. Please provide any additional comments about the candidate that might be relevant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Priest Name: \_\_\_\_\_ Priest Signature: \_\_\_\_\_

Parish: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Thank you for your assistance**