

REGISTRATION OF A PARISH FHL GROUP

NAME	
ADDRESS	
TEL	
EMAIL	
FAX	
PARISH	
PARISH PRIEST	
DEANERY	
	1. I volunteer to form a PARISH FHL GROUP in this Parish.
	SIGNATURE DATE
	2. As the Parish Priest, I give my approval for a PARISH FHL GROUP to be formed, and will give whatever support I can.
	SIGNATURE DATE

THIS COMPLETED FORM TO BE RETAINED BY THE PARISH FHL GROUP & COPIED TO THE NATIONAL FHL OFFICE