

By the following signatures, we wish to confirm that the Finance Council of \_\_\_\_\_,  
(Parish)  
\_\_\_\_\_, met on the following dates during the \_\_\_\_/\_\_\_\_ fiscal year (07/01/ \_\_\_\_ – 06/30/ \_\_\_\_).  
(City)

This Parish Finance Council is to meet at least quarterly.

Dates met: \_\_\_\_\_  
\_\_\_\_\_

As part of our work, we reviewed and discussed monthly parish financial statements, the audit conducted by the diocesan auditor on \_\_\_\_\_, and we reviewed and approved the budget for the new fiscal year.  
(Date)

*Parish employees may not serve as members of the Parish Finance Council.*

<b>Pastor</b> _____	<b>Name</b> _____
Parish/City _____	Company of Employment _____
Signature _____	Profession/Title _____
	Signature _____

<b>Name</b> _____	<b>Name</b> _____
Company of Employment _____	Company of Employment _____
Profession/Title _____	Profession/Title _____
Signature _____	Signature _____

<b>Name</b> _____	<b>Name</b> _____
Company of Employment _____	Company of Employment _____
Profession/Title _____	Profession/Title _____
Signature _____	Signature _____

<b>Name</b> _____	<b>Name</b> _____
Company of Employment _____	Company of Employment _____
Profession/Title _____	Profession/Title _____
Signature _____	Signature _____

<b>Name</b> _____
Company of Employment _____
Profession/Title _____
Signature _____

**Please return completed form by Oct. 01, to:**  
Joe Ryan  
Business Office  
Diocese of Fort Wayne-South Bend  
P.O. Box 390  
Fort Wayne, IN 46801