



## DUFFERIN-PEEL CATHOLIC DISTRICT SCHOOL BOARD

40 Matheson Blvd. West • Mississauga • Ontario • Canada  
Bus: (905) 890-1221 • Fax: (905) 501-0183  
www.dpcdsb.org

# PASTORAL REFERENCE FORM

Please Print - Except For Signature

Name of Applicant: _____	Priest: _____
Address : _____ _____	Church: _____
_____	Address: _____ _____
Date: _____	Priest Signature: _____

## KNOWLEDGE OF THE CANDIDATE

*Check one or more of the following.*

I have . . .

- ongoing personal knowledge of the individual as a member of the parish
- personal knowledge of the individual in the past
- knowledge of the candidate's family
- knowledge through a personal interview
- other ( please specify )

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

## REFERENCE

*You may wish to answer or comment on some or all of the following.*

1. The candidate participates in the sacramental life of the Church.
  - regularly
  - occasionally
  - infrequently
  - not known to me
  
2. The candidate is involved in service: in the Church, in the broader community ( e.g. Lector, Youth Group, Out of the Cold, Food Bank ).
  - yes
  - no
  - not known to me

