

Parish Advocate Program
Catholic Diocese of Richmond

Parish: _____ City/Town: _____

Please list your selection for your Parish Advocate(s) in the spaces given below:

For Parish Advocate:

Name: _____

Mailing Address: _____

City/Town/Zip: _____

Telephone: _____ (work) _____ (home)

E-mail: _____

Submitted by: _____

Signature of Pastor

Please return this form as soon as possible to:

Parish Advocate Program
Ministry for Persons with Disabilities
7800 Carousel Lane
Richmond, VA 23294
PHONE: 804 622-5260
FAX: (804) 358-9159