

*Romanian Catholic Diocese of Canton
1123 – 44th St NE
Canton, Ohio 44714-1297*

PROTOCOL FOR THE TRANSFER OF A PARISH

Parish: _____

Address: _____

Telephone: _____ **Fax:** _____

Website: _____

Year of Founding: _____

Number of Families: _____ **Number of Registered Persons:** _____

Parish Boundaries (as applicable):

Outgoing Priest: _____ **Title:** _____

Incoming Priest: _____ **Title:** _____

Has the outgoing priest taken his salary to date? _____ **Yes** _____ **No**

Federal Tax ID Number: _____

State Tax Exemption Number (if applicable): _____

FINANCIAL SUMMARY

Financial State of Parish at Accession of *Outgoing* Priest: (Date) _____

Savings: _____

Checking: _____

Debts (if any): _____

Financial State of the Parish at Accession of *Incoming* Priest: (Date) _____

Savings:

(List all accounts, bank and identification number. Include stocks and bonds, etc.)

1. _____

2. _____

3. _____

4. _____

5. _____

Checking:

(List all accounts, bank and identification number)

1. _____

2. _____

3. _____

4. _____

5. _____

Total Assets: \$_____ **; Total Debts: \$**_____

Number of Liturgy Intentions to be Fulfilled: _____ **Cash in Account: \$**_____

PARISH REGISTERS

BAPTISM-CHRISMATION:

How many volumes? _____

Dates: _____

HOLY COMMUNION:

How many volumes? _____

Dates: _____

MATRIMONY:

How many volumes? _____

Dates: _____

SICK CALLS:

How many volumes? _____

Dates: _____

PRE-MATRIMONIAL INVESTIGATIONS:

How many volumes? _____

Dates: _____

DEATHS:

How many volumes? _____

Dates: _____

RELIGIOUS EDUCATION

Primary:

Grade(s) _____ Number of Students: _____ Instructor: _____

Grade(s) _____ Number of Students: _____ Instructor: _____

Grade(s) _____ Number of Students: _____ Instructor: _____

Grade(s) _____ Number of Students: _____ Instructor: _____

Grade(s) _____ Number of Students: _____ Instructor: _____

Grade(s) _____ Number of Students: _____ Instructor: _____

Grade(s) _____ Number of Students: _____ Instructor: _____

Grade(s) _____ Number of Students: _____ Instructor: _____

High School:

Grade(s) _____ Number of Students: _____ Instructor: _____

Grade(s) _____ Number of Students: _____ Instructor: _____

Grade(s) _____ Number of Students: _____ Instructor: _____

Grade(s) _____ Number of Students: _____ Instructor: _____

Parish Director of Religious Education: _____

Telephone Number: _____ Years in position: _____

STAFFING

Miscellany

Assistant Priest: _____

Salary: \$ _____

Deacon: _____

Salary: \$ _____

Parish Choir: _____ **Yes** _____ **No**

Director: _____

Salary: \$ _____

Parish Cantor: _____

Salary: \$ _____

Secretary: _____

Salary: \$ _____

Grounds Keeper: _____

Salary: \$ _____

Housekeeper: _____

Salary: \$ _____

Other: _____

Salary: \$ _____

Is there a Romanian Orthodox Church within the territory of this parish? _____ **No**

_____ **Yes:** *(Please list name of church, pastor:)*

I hereby certify that the above information is accurate and up-to-date according to the best of my knowledge.

Signature of Outgoing Priest: _____

I am satisfied that the above given information is correct and I accept responsibility for this parish.

Signature of Incoming Priest: _____

Witnessed By: _____

Date: _____

Protopresbyter

PARISH SEAL

Original to be mailed to chancery; authenticated copies (bearing parish seal) are to be given to each priest and an additional authenticated copy is to be left in the parish archives.