

Petition for Assistance from Thomas More's Purse, Inc

Contact Name: _____ Date: ____/____/____
 First Middle Initial Last Month Day Year

Home Phone: (____) _____ - _____ Mobile Phone: (____) _____ - _____

Email Address: _____

Mailing Address: _____
 Street City State zip

Are you baptized (Yes/No): _____ Are you confirmed (yes/no): _____ Are you ordained (yes/no): _____

If ordained, please describe: _____

Your Parish: _____ Your Diocese: _____

Address of Parish: _____
 Street City State zip

Number of petitioners seeking assistance with canonical issue: _____

Description of canonical issue: _____

Attach additional sheets if more space is required.

How would you like St. Thomas More's Purse to assist: _____

Attach additional sheets if more space is required.

Initial: _____

Current Representation

Current Representation: _____
Name of Representation

Representation type: _____ Canonical _____ Civil _____ Criminal

Mailing Address: _____
Street City State zip

Telephone Phone: (____) _____ - _____ Email Address: _____

Current fees accrued: \$ _____ Estimated Additional Fees: \$ _____

Describe how representation is assisting with canonical issue: _____

Current Representation

Current Representation: _____
Name of Representation

Representation type: _____ Canonical _____ Civil _____ Criminal

Mailing Address: _____
Street City State zip

Telephone Phone: (____) _____ - _____ Email Address: _____

Current fees accrued: \$ _____ Estimated Additional Fees: \$ _____

Describe how representation is assisting with canonical issue: _____

Attach additional sheets if required.

Initial: _____

Petitioner

Petitioner's Name: _____ Age: _____
 First Middle Initial Last

Home Phone: (____) _____ - _____ Mobile Phone: (____) _____ - _____

Email Address: _____

Mailing Address: _____
 Street City State zip

Is the petition baptized (Yes/No): _____ confirmed (yes/no): _____ ordained (yes/no): _____

If ordained, please describe: _____

Petitioner's Parish: _____ Petitioner's Diocese: _____

Address of Parish: _____
 Street City State zip

Petitioner

Petitioner's Name: _____ Age: _____
 First Middle Initial Last

Home Phone: (____) _____ - _____ Mobile Phone: (____) _____ - _____

Email Address: _____

Mailing Address: _____
 Street City State zip

Is the petition baptized (Yes/No): _____ confirmed (yes/no): _____ ordained (yes/no): _____

If ordained, please describe: _____

Petitioner's Parish: _____ Petitioner's Diocese: _____

Address of Parish: _____
 Street City State zip

Attach additional sheets if required.

Initial: _____

I understand that financial aid is provided at the sole discretion of the board of directors of Thomas More's Purse, Inc and this petition is not an agreement to provide financial assistance. I further understand that the board of directors will not consider this petition unless it is accompanied by signed statements of faith from each of the petitioners. Information contained within this petition is confidential and by submitting this petition to Thomas More's Purse, Inc, you consent sharing the confidential information to the staff and directors of Thomas More's Purse, Inc.

Signature of Petitioner

Date

Name (printed)

Signature of Petitioner

Date

Name (printed)

Signature of Petitioner

Date

Name (printed)

Signature of Petitioner

Date

Name (printed)

The signed petition and statements of faith may be scanned and sent to petitions@thomasmorepurse.org