

Office of Pro-Life Activities
Secretariat of Life, Charity and Justice
Diocese of Austin



REGISTRATION FORM FOR NEW PRO-LIFE COORDINATOR

Date: _____

Name of the Parish: _____ City: _____

Name of the Coordinator appointed by the Pastor: _____

Is this person in the diocesan DB? (Volunteer Application for EIM)

Yes _____ No _____

If yes, name of the person as he/she appears in the DB _____

Last EIM workshop date: _____

Name of the Pastor: _____

Signature: _____