

**DIOCESE OF MARQUETTE  
2017 PARISH FINANCIAL GOVERNANCE REPORT**

PARISH or MISSION NAME: \_\_\_\_\_ CITY: \_\_\_\_\_

WE, THE UNDERSIGNED members of the Parish Finance Council for

\_\_\_\_\_, \_\_\_\_\_, Michigan, hereby  
*(Parish/Mission Name) (City)*

state that during the preceding year, we met as a Council on the following dates:

_____	_____	_____
_____	_____	_____
_____	_____	_____

WE FURTHER state that a copy of the Parish Annual Financial Statement  
was provided to the parishioners on \_\_\_\_\_.\*  
*(Date)*

DATED: \_\_\_\_\_ Pastor: \_\_\_\_\_  
Signature

**Finance Council Members:**  
*(Include Name and Professional Title, if Applicable)*

_____ Name	_____ Email Address	_____ Signature
_____ Name	_____ Email Address	_____ Signature
_____ Name	_____ Email Address	_____ Signature
_____ Name	_____ Email Address	_____ Signature
_____ Name	_____ Email Address	_____ Signature
_____ Name	_____ Email Address	_____ Signature
_____ Name	_____ Email Address	_____ Signature
_____ Name	_____ Email Address	_____ Signature

\* Please enclose a copy of the Financial Statement as of June 30, 2017 provided to parishioners.

Submit by **September 30, 2017** to Diocese of Marquette, 1004 Harbor Hills Drive,  
Marquette, MI 49855