

Application for Family of God Medal

My name is _____ Age _____

Address _____

City/State/ZIP Code _____

Telephone Number _____ My parish is _____

Organization/Council Name _____ Group No. _____

Name of adult advisor _____

Address _____

City/State/ZIP Code _____

Telephone Number _____ Parish _____

I have finished the *Family of God* program and am now applying for the program medal.

Organization

(signature of child)

(signature of parish designate)

I support my child's application for the Family of God medal.

I give permission to publish my child's name ___ yes ___ no.

(signature of parent/guardian)

(signature of adult advisor)

Diocesan Use Only Date received _____

Group Summary--Application for Family of God Medal
(Group advisor should complete one copy of bottom of form then forward completed applications to the diocesan office.)

Group Advisor(s) Name _____

Address _____

City/State/ZIP Code _____

Telephone Number _____ Advisor's Parish _____

Sponsoring Parish _____

Organization/Council _____

Subgroup name/unit etc. _____

Total number of children in organization group _____

Number of children in organization group who are Catholic _____

Number of children in group completing program _____

Age(s) of children _____ Grade(s) _____