

DIOCESAN NFP PROGRAM ENDORSEMENT

APPLICATION

(Arch)Diocese: _____ State: _____

Diocesan NFP
Coordinator: _____

Mailing
Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Home Phone: _____

Fax Number: _____

Email Address: _____

We hereby request that the Natural Family Planning program of the (Arch)Diocese of _____ be evaluated by the Diocesan Development Program for NFP according to the *Standards for Diocesan NFP Ministry*. We attest that all the attached forms truly represent the policy and practice of the (Arch)Diocese.

Bishop: _____ Date: _____
Signature

NFP Coordinator: _____ Date: _____
Signature