(ARCH)	DIOCESE:	



FORM 0928-4

(September 1, 2017)

REQUEST FOR INCLUSION OF ACTIVITY/MINISTRY IN OFFICIAL CATHOLIC DIRECTORY

Name of (Arch)Diocesan	~~			
` ,	Official:		<u> </u>	
Title:				
Date:	e: Email address:			
ACTIVITY/MINISTRY EII	N (If applicable):	_	(9 digits)	
Name:	` ,			
Address:				
			Zip:	
owner that is incl for federal income	uded in the Group R e tax purposes	tuling, and wh	company (LLC) with a single nich intends to be disregarded liocese, parish or other	
organization that operate owns the facility, or the s	s the Activity/Minist	ry, the (arch)	diocese or religious institute the discount of association or single membe	
organization that operate owns the facility, or the soft the LLC:	s the Activity/Minist ingle owner of the u	ry, the (arch) inincorporate		
organization that operate owns the facility, or the s of the LLC:	s the Activity/Minist ingle owner of the u	iry, the (arch) inincorporate	d association or single membe	
organization that operate owns the facility, or the s of the LLC: Name: Address:	s the Activity/Minist ingle owner of the u	rry, the (arch) inincorporate	d association or single membe	
organization that operate owns the facility, or the s of the LLC: Name:Address:City:	s the Activity/Minist ingle owner of the u	ry, the (arch) inincorporate _ State:	d association or single membe	
organization that operate owns the facility, or the s of the LLC: Name:Address:City:	s the Activity/Minist ingle owner of the u	ry, the (arch) inincorporate _ State:	d association or single membe	
organization that operate owns the facility, or the s of the LLC: Name: Address: City: EIN: -	s the Activity/Minist ingle owner of the u	ry, the (arch) inincorporate _ State:	d association or single membe	
organization that operate owns the facility, or the s of the LLC: Name: Address: City: EIN: Send form to: Email:	s the Activity/Minist ingle owner of the u	ry, the (arch) inincorporate State: Page	ed association or single membe	
organization that operate owns the facility, or the s of the LLC: Name: Address: City: EIN: Send form to:	USCCB Office of General 211 4th Stree	ry, the (arch) inincorporate State: Page	ed association or single membe Zip: e in OCD:	
organization that operate owns the facility, or the s of the LLC: Name: Address: City: EIN: Send form to: Email:	USCCB Office of General Street Washington, I	ry, the (arch) inincorporate State: Page	ed association or single membe Zip: e in OCD:	