



## CHANCERY

*(Please check the items below as they are fulfilled and sign at the end.)*

### ACCEPTANCE OF RESPONSIBILITIES AS A PARISH TRUSTEE

I, the undersigned am a duly elected trustee of \_\_\_\_\_ Parish in  
\_\_\_\_\_  
(city)

I have received a description of my responsibilities as a trustee. \_\_\_\_\_

I understand the responsibilities I am assuming as a trustee. \_\_\_\_\_

I accept the responsibilities of a parish trustee. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

**Return to: Chancery Office, P.O. Box 070912, Milwaukee, WI 53207-0912**