

**DIOCESE OF NORWICH**  
**DIOCESAN TAX EXEMPTION REQUEST FORM**

Parish \_\_\_\_\_

Description of Project \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Cost \_\_\_\_\_

Proposed Fund Raising to be exempted:

Type:

Amount:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Time Period of Exemption:      Beginning Date \_\_\_\_\_

Ending Date \_\_\_\_\_

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Approval of Diocesan Finance Officer** \_\_\_\_\_

**Approval Granted:**      **Date** \_\_\_\_\_

**Bishop's Signature** \_\_\_\_\_