

Diocese of Ohio

**Lay Pension Form # 3 - Parishes with Lay Employees Participating in Pension Plan
for Year**

PARISH NAME

Please list ALL lay employees below.

Last Name	First Name	Position	Avg. Hours Pd. Per Week	Participating in Pension Plan	
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N

PARISH CITY

I certify that the above information is true, correct and complete.

Name

Title

Phone Number

E-mail address

Date

City, Parish Name

Please attach a copy of your lay pension bill for the month of July. Thank you.