

PARISH VERIFICATION FORM  
Ancient Order of Hibernians in America, Inc.



----- Please type or print clearly -----

Date:.....

As a requirement of membership into the Ancient Order of Hibernians, I .....  
attest that I am a member of good standing at ..... Parish, in the  
City of ..... South Carolina.

.....  
(Signature of Parishioner)

.....  
(Signature of Parish Pastor)

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Revised 7/08/2011 (dwilliams)

**Mail To:**

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