

The Diocese of Jefferson City

**MODEL CODE OF PASTORAL CONDUCT
RECEIPT VERIFICATION**

I have received and read the Model Code of Pastoral Conduct. I understand that I am required to conduct myself accordingly to this code.

Signature

Date

YOUR NAME PRINTED

PARISH OR INSTITUTION

MINISTRY/POSITION/JOB

Return this completed and signed form to:

*Associate to the Chancellor
P.O. Box 104900
Jefferson City, MO 65110*

*Or by fax to:
573-635-2286*