**Appendix 2**

PARISH RETURN - PCR2 Name of Parish:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of individual**  | **Role at the time**  |  **Date and incident of note**  |  **Approximate date referred to Diocese, if previously referred**  | **Are the persons concerned still attending church?**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 Name of person returning form: