**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: