

EXHIBIT 5

DIOCESE OF CHARLESTON CONFLICT OF INTEREST INFORMATION FORM

Parish Name: _____

Name: _____

Date: _____

Please describe below any relationships, positions, or circumstances in which you are involved that you believe could contribute to a Conflict of Interest (as defined in the Parish Finance Council Guidelines policy on Conflicts of Interest) arising.

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have reviewed, and agree to abide by, the Policy of Conflict of Interest of [Parish Name] that is currently in effect.

Signature

Date