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**PERMISSION LETTER FROM THE PASTOR**  
**For parents seeking to participate in the preparation**  
**and for the reception of the Sacrament of First Holy Communion or Confirmation**  
**of their child(ren) at St. Agnes Catholic Church.**

**Name(s) of Child(ren):** \_\_\_\_\_

**Name of Parents:** \_\_\_\_\_

**Registered Parishioners of** \_\_\_\_\_

**Address of Parish:** \_\_\_\_\_

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This certifies that I grant permission for the parents named above to have their child(ren) participate in the preparation and receive the Sacrament of First Holy Communion or Confirmation.

Parish  
Seal

Name of Church: \_\_\_\_\_

Church's Street: \_\_\_\_\_

Church's City, State, Zip: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_