



PERMISSION LETTER FROM THE PASTOR
For families who are not registered parishioners of St. Agnes Catholic Church

Name(s) of Child(ren): _____

Name of Parents: _____

Registered Parishioners of _____

Address of Parish: _____

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 at St. Agnes Catholic Church, Arlington, VA.

Pastor's Name: _____

Pastor's Signature: _____

Church Name: _____

Date: _____