



First Eucharist Special Permission

If you are not a member of Holy Angels, please fill out this form and return to Holy Angels. You will not be accepted into this program until this form is complete. Please Print.

First Communicant's Name: _____

Parent's Name: _____

Parish: _____

The following should be completed by the pastor or staff member of the parish in which you are a member:

The person who is stated above is a member in good standing at the parish indicated. Furthermore, the First Communicant has permission to participate in the First Communion Program and upon completion of said program, receive the sacrament at Holy Angels.

Staff Member Signature: _____

Printed Name: _____

Job Title: _____

Please return form to Holy Angels parish at the address above.