

Holy Angels Office of Faith Formation
138 N 8th Ave
West Bend, WI 53095
(262) 334-9393

Confirmation 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.

Confirmation Candidate's Name: _____

Parent's Name: _____

Parish: _____

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

The person who is stated above is a member in good standing at the parish indicated. Furthermore, the Confirmation candidate has permission to participate in the Confirmation 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.