



ST. CHRISTOPHER CHURCH

629 S. Glendora Avenue, West Covina, CA 91790
 Telephone: (626) 960-1805 Fax: (626) 851-0595

PERMISSION LETTER REQUEST FORM

FIRST PERSON INFORMATION	FIRST NAME		MIDDLE		
	LAST NAME		RELIGION		
	ADDRESS		CITY	STATE	ZIP CODE
	CELLPHONE	TELEPHONE (HOME)	TELEPHONE (WORK)	EXTENSION #	
	HAVE YOU RECEIVED YOUR FIRST HOLY COMMUNION?		YES	NO	
	HAVE YOU RECEIVED THE SACRAMENT OF CONFIRMATION?		YES	NO	
	DO YOU ATTEND MASS ON A REGULAR BASIS?		YES	NO	
SECOND PERSON INFORMATION	FIRST NAME		MIDDLE		
	MAIDEN LAST NAME		RELIGION		
	ADDRESS		CITY	STATE	ZIP CODE
	CELLPHONE	TELEPHONE (HOME)	TELEPHONE (WORK)	EXTENSION #	
	HAVE YOU RECEIVED YOUR FIRST HOLY COMMUNION?		YES	NO	
	HAVE YOU RECEIVED THE SACRAMENT OF CONFIRMATION?		YES	NO	
	DO YOU ATTEND MASS ON A REGULAR BASIS?		YES	NO	
WERE YOU MARRIED BY A PRIEST?		YES	NO		
ARE YOU REGISTERED PARISHIONERS OF ST. CHRISTOPHER CHURCH?		YES	NO		

TYPE OF PERMISSION

HAVE CHILD BAPTIZED AT A DIFFERENT PARISH	HAVE MARRIAGE PERFORMED AT A DIFFERENT PARISH
ACT AS A SPONSOR FOR BAPTISM	REGISTER AT A DIFFERENT PARISH
HAVE CHILD CONFIRMED AT A DIFFERENT PARISH	

NAME OF CHURCH WHERE THE SACRAMENT WILL BE RECEIVED			
ADDRESS	CITY	STATE	ZIP
TELEPHONE	FAX		
NAME OF PERSON RECEIVING THE SACRAMENT			

ADDITIONAL COMMENTS

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(office use only)

STAFF RECEIVING:	DATE SUBMITTED:	COMPLETED?	YES	NO
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