Seeking Permission to Receive **RECONCILIATION &**

**FIRST HOLY COMMUNION**

& Sacramental Preparation

**at**

**St. Mary of the Assumption Catholic Church**

**NON-PARISHIONERS:**

*Sacraments should be celebrated in your home parish per Archdiocese of Washington policy.*

Bearing this in mind, if you still prefer your child to receive/prepare for his/her first Reconciliation & First Holy Communion with St. Mary’s, please complete the information below, and take or mail this form to your pastor for his approval and signature **before** submitting the form. Then, mail, drop off, or scan and e-mail the completed and signed form.

***Thank you.***

To the **Pastor:**

The parent/guardian submitting this form to you is seeking permission for his/her child (indicated on the reverse of this sheet) to prepare for and/or receive the sacraments of Reconciliation and/or First Holy Communion at St. Mary of the Assumption Catholic Church. Please review his/her case, and sign the reverse of this form to indicate your approval that your parishioner receive and/or prepare for his/her First Sacrament(s) with us.

Once you have completed the reverse of this form, please either return this to your parishioner, or mail this form directly to:

St. Mary of the Assumption Parish Office

*Re: First Sacrament Prep*

14908 Main Street  
Upper Marlboro, MD 20772

Or e-mail a scanned copy to: [**pmonfiston@stmaryum.org**](mailto:pmonfiston@stmaryum.org).

*For any further questions regarding this form and anything else relating to our CCD program, please contact the Coordinator for Religious Education at 301-627-3255.*

***Seeking Permission to Receive the Sacraments of Reconciliation & First Communion and Sacramental Preparation cont’d***

**Name of Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Phone & E-mail**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please check one.   
You may receive elsewhere after prepping with our program, and you may receive with us if you are preparing elsewhere.

My child \_\_\_\_\_will  \_\_\_\_\_will not **prepare** for the sacrament of Reconciliation at St. Mary of the Assumption.

My child \_\_\_\_\_will  \_\_\_\_\_will not **receive** the sacrament of Reconciliation at St. Mary of the Assumption.

My child \_\_\_\_\_will  \_\_\_\_\_will not **prepare** for his/her First Holy Communion at St. Mary of the Assumption.

My child \_\_\_\_\_will  \_\_\_\_\_will not **receive** his/her First Holy Communion at St. Mary of the Assumption.

**Home Parish Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pastor’s Name (printed):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the pastor of the above-mentioned church, I grant permission for the above-mentioned student to prepare for and/or receive the Sacraments of Reconciliation and First Holy Communion at St. Mary of the Assumption Catholic Church according to his/her wishes and his/her parent/guardian’s permission.

Pastor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: