

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.*

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*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.

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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: \_\_\_\_\_