

**Seven Sorrows of the
Blessed Virgin Mary Church**

280 N. Race Street, Middletown, PA 17057-2298
717-944-3133 Phone | 717-944-1170 Fax

**1st Eucharist
Permission to Receive**

**Parishioners of SSBVM do
NOT need to fill this out.**

Student's

Name: _____

Parent/Guardian

Name: _____

Parish

Name: _____

Dear Parent/Guardian,

Please have your pastor sign this form and return it to SSBVM. Your parish may also email us a permission letter instead. This document confirms your child's baptism and permission to make their First Eucharist at Seven Sorrows.

Lisa @ lfortunato@ssbvm.org

Dear Father,

I _____ request permission for our son/daughter

_____ to receive First Eucharist/Confirmation with
his/her classmates at Seven Sorrows of the Blessed Virgin Mary Catholic Church in Middletown,
PA.

TO BE FILLED OUT AND SIGNED BY THE PASTOR OF YOUR PARISH:

Permission: GRANTED DENIED

Signature: _____ Date: _____

Please return this form to Lisa Fortunato at Seven Sorrows Parish upon receipt.