Seven Sorrows of the Blessed Virgin Mary Church
280 N. Race Street, Middletown, PA 17057-2298
717-944-3133 Phone I 717-944-1170 Fax

Confirmation 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 1st Eucharist, as well as permission to receive Confirmation 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.