



Holy Family Catholic Church
9669 Kraft Ave SE Caledonia, MI 49316
phone 616-891-9259; fax 616-891-1346
www.holyfamilycaledonia.org
cshafer@holyfamilycaledonia.org

Pastor's Permission - Non-Parishioner

Please print all information clearly

Today's Date: _____

Dear Father (Name of Pastor) _____

Pastor of (Parish Name) _____ Parish

I am requesting permission to have my infant/child (name) _____
baptized at Holy Family Catholic Parish in Caledonia, MI. I understand for this sacrament to be conferred by the
ordained ministers at Holy Family you must provide permission for this to take place. Please complete the
following and either mail, email or fax it to the Parish. FAX 616-891-1346

Thank you.

Parent/Guardian Name _____

Signature _____ Date _____

For the Pastor

Parish Name: _____

Address: _____

Phone: _____

Email: _____

I grant permission for the parents/guardian of the infant/child listed above to
celebrate the Sacrament of Baptism at Holy Family Catholic Parish.

Reason for the baptism not being celebrated at this parish:

Pastor's Signature: _____

Date: _____