



Catholic Faith Formation

Holy Family Catholic Parish
9669 Kraft Ave SE Caledonia, Michigan 49316
Phone: 616-891-8867 Fax: 616-891-1346
www.holyfamilycaledonia.org

I hereby give permission for the Sacrament of _____

for _____ in the Catholic Church.
(name of child)

Name of Mother:

Name of Father:

(please print)

(please print)

Signature of Mother:

Signature of Father:

Date: _____

Date: _____