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## 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 \_\_\_\_\_

<b>For the Pastor</b>	
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:	_____