



Holy Trinity Catholic Church

Request for Permission Letter

Date: _____

Name: _____ Phone # _____

Address: _____ Registered Parishioner: YES / NO

Please complete the following information and return to the Parish Offices Our Policy is that we will fax the letter and mail a hard copy with the seal directly to the church that is designated on the form. Please check the request you need below.

Please allow 2 weeks for processing

Requesting Permission for:

- _____ Permission to be a godparent
- _____ Permission to be a sponsor
- _____ Permission to be married outside the Parish
- _____ Permission to Baptize outside the Parish
- _____ Verification of attendance, Baptism Class
- _____ Verification of Parish membership
- _____ Other please specify _____

Information to be sent to the following:

Name of Church: _____

Address: _____

City, State, Zip Code: _____

Phone Number with Area Code: _____

Fax Number with Area Code: _____

Attention To: _____

Event: _____

Date of the Event: _____

Name of Parents: _____

Name of Child: _____

Any additional information that is requested: _____