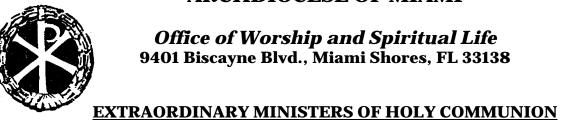
ARCHDIOCESE OF MIAMI



Name of Parish	

PERMISSION FORMTo be filled out by Pastor/Chaplain

Name of Person	Place of Workshop	Language	Date
hereby recommend the aboraining session required to Communion.			
Date		ignature of Pastor	
Duce	J	agnature of r astor	
+Parish seal			
	 Prin	t Name of Pastor	