



DATE: _____

SUBJECT: Permission for Sacrament(s) to be made at St. Genevieve Catholic Church

TO: Fr. Eric Leyble, JV, JCL
Pastor
St. Genevieve Catholic Church

FORM: _____
Pastor

Catholic Church

MEMO: _____ has my permission to make the
Sacrament(s) of _____ at St.
Genevieve Catholic Church.

SIGNATURE: _____
Pastor