

*St. Mary's Parish
Faith Formation*

106 Illinois St.
New Bedford, MA 02745
Phone : 508-995-3593 x 108
email: davidbeaulieu@stmarysnb.com

Child's Name: _____

Parent(s)/Guardian(s)Name : _____

Parent(s)/Guardian(s) Name: _____

Address: _____

Street address

City/town

zip code

Phone: _____

I hereby give permission for _____ a parishioner of

*_____ Parish to receive the sacraments of First
Penance and First Holy Communion at St. Mary's Parish in New Bedford together
with their classmates from All Saints Catholic School.*

Pastor Signature

Date

