

ARCHDIOCESE OF MIAMI



Office of Worship and Spiritual Life
9401 Biscayne Blvd., Miami Shores, FL 33138

EXTRAORDINARY MINISTERS OF HOLY COMMUNION

Name of Parish _____

PERMISSION FORM
To be filled out by Pastor/Chaplain

Name of Person	Place of Workshop	Language	Date

I hereby recommend the above and grant them permission to attend the training session required to become Extraordinary Ministers of Holy Communion.

Date

Signature of Pastor

+Parish seal

Print Name of Pastor