

**Authorisation for a Sacrament
to be Administered in Another Parish**

I, parish priest of this parish, authorise _____

son/daughter of _____ holder of ID Card number:

_____ and _____

holder of ID Card number: _____ who lives at

to receive the Sacrament of Baptism / First Holy Communion / Confirmation in the parish of

_____, on (date) _____

In the case of the Sacrament of Baptism, preparation for the sacrament was carried out in my

parish: Yes No

In the case of the Sacrament of First Holy Communion or Confirmation:

The candidate did not attend a catechism programme in my parish.

I do not have the parents' consent for the child/adolescent to receive the Sacrament.

Signature of Parish Priest / representative

Date

Stamp

By signing the form here below, I declare that I am aware that this authorisation is part of the form "Request for Baptism" or "Information to receive First Holy Communion" or "Information for the Administration of the Sacrament of Confirmation" and therefore I have the same rights, terms and conditions that are applicable to the form that this information is part of. For more information, including those related to my rights (as applicable), I can access the General Terms and Conditions for Personal Data Protection in Parishes from the Archdiocese of Malta website or by enquiring with the parish priest.

Parent/s Signature/s