Youth Confession Consent Form

Youth Information

Name of Youth
Date of Birth
Address
Phone Number
Email
Parent/Guardian Information
Parent/Guardian Name
Phone Number
Email
Consent
I give permission for my child to participate in the sacrament of confession at the designated event/location. I acknowledge that I have read and understood the details provided by the organizers.
Parent/Guardian Signature

Date

Youth Signature			
- Four Orginaturo			
Date			