

REQUEST FOR PERMISSION OF THE USE OF LOW-GLUTEN HOSTS OR MUSTUM

To Whom It May Concern:

I _____,
(Priest's Name)

pastor of _____,
(Parish Name)

(Parish Address)

(Parish Town) (Parish Zip Code)

am requesting permission for _____
(Person's Name)

who lives at _____,
(Street Address)

(Town) (Zip Code)

to use _____ based on medical needs.
(Low-gluten hosts/mustum)

(Priest's Signature)

Please mail form to: Reverend Jonathan Gaspar
Director of the Office of Divine Worship
Archdiocese of Boston
66 Brooks Drive
Braintree, MA 02184

Or Fax to: 617-254-6469