



# SAINT CECILIA CATHOLIC CHURCH

5418 Louisiana Ave. Saint Louis, MO 63111 \* 314-351-1318

## FORM FOR PASTOR'S PERMISSION

TO BE FILLED IN BY ENGAGED COUPLE:

Name of Bride: \_\_\_\_\_ Name of Groom: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

TO BE FILLED IN BY PROPER PASTOR OF THE PARISH WHERE YOU ARE REGISTERED:

I, the undersigned, hereby give permission to

\_\_\_\_\_  
(name of one of the Catholic parties)

Who resides in \_\_\_\_\_  
(name of parish)

To exchange their marriage vows and celebrate their wedding ceremony outside his/her proper parish (Canon 1115).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pastor