



**ST. PATRICK  
PARISH**  
Bridge Avenue

I, Father \_\_\_\_\_, Pastor/Administrator of  
\_\_\_\_\_ parish, give my permission for the following  
parishioners to participate in the PSR Program of St. Patrick and St. Malachi Parishes.

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\_\_\_\_\_  
Signature of Pastor/Administrator

\_\_\_\_\_  
Date

Please return this signed form to the St. Patrick Rectory or e-mail to [stephanie.p@stmalachi.org](mailto:stephanie.p@stmalachi.org).

