

**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 Brian E. Mahoney
 Director of the Office of Worship
 Archdiocese of Boston
 2121 Commonwealth Avenue
 Boston, MA 02135

Or Fax to: 617-254-6469
Questions call: 617-746-5880