



SASKATOON CATHOLIC PASTORAL CENTRE

123 Nelson Road,
Saskatoon, SK S7S 1H1

Telephone: 306-242-1500

Fax: 306-244-6010

E-mail: bbuehler@rcdos.ca

PAPAL BLESSING FOR: _____

DATE OF REQUEST: _____

PAPAL BLESSING REQUESTED BY	Name: _____	
	Address: _____	
	Phone: _____	
	Email: _____	
WEDDING ANNIVERSARY 10 TH , 25 th , 30 th , 40 th , 50 th PLEASE SPECIFY _____	Wedding Anniversary _____ (Date of original Anniversary) Married at Parish _____ Town or City _____ Letter of Congratulations from the Bishop	
FOR A SPECIAL BIRTHDAY	Date of Birth: _____ Age: _____ Gender: _____ Letter of Congratulations from the Bishop	
PARCHMENT SIZE	A – 12 x 15 for \$50.00 B – 9 x 12 for \$25.00 <i>(most popular)</i>	
LANGUAGE	English French	
MEMBERS OF PARISH		
COST(S)	Pick up at the Diocese Office Mail out - \$10.00 extra charge for Parchment A Mail out - \$3.00 extra charge for Parchment B <input type="radio"/> <i>Cheque Payable to: Saskatoon Catholic Pastoral Centre</i>	

<input checked="" type="checkbox"/> CPC OFFICE CHECK LIST <input type="checkbox"/> Prepared Papal Blessing request letter for Nunciature <input type="checkbox"/> Payment Requisition Form Completed <input type="checkbox"/> Mailed to Apostolic Nunciature with CPC cheque _____ <input type="checkbox"/> Received Papal Blessing from Nunciature: _____ <input type="checkbox"/> Called person who requested blessing: _____ <input type="checkbox"/> <u>Payment Method for Request:</u> Payment by cash receipt # _____ Payment by cheque # _____ <input type="checkbox"/> Entered in Papal Blessing Recorder	NOTES:
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