## Bishop's Confirmation Request Form: January - June 2025

Contact Perso	on's Name:			
Contact Pers	on's Email:			
Contact Perso	on's Phone:			
Parish/	Institution:			
Stree	et Address:			
City, State	e, Zip Code			
Number o	f Students:			
Please consider pa	articipating in a Ca	thedral Confirmation. Plea	ase rank your choices 1-5:	
Suno	day, March 16, 202	25 at 4:00PM	Sunday, May 4, 2025 at 4:00PM	
Satu	rday, April 5, 2025	at 4:00PM	Saturday, May 10, 2025 at 4:00PM	
Sunc	lay, April 6, 2025 a	at 4:00PM		
For requesting Co	nfirmation at your	Parish, please fill out the f	following:	
First Choice	Date:	Day of Week:	Mass Time:	
Second Choice	Date:	Day of Week:	Mass Time:	
Third Choice	Date:	Day of Week:	Mass Time:	
f you would like to selection below. To your event via an A mean A bish A gro	These items typical approval letter.  al add 1 hour and hop meet and gree up photograph or	ly occur <i>PRIOR</i> to the Conf 15 minutes It <b>and</b> group photograph a meet and greet add 15 m		-
		ates presented for the con reparation for the sacrame	ferral of the Sacrament of Confirmation	will have
Signature of Pastor/Director			Date	