



DIocese OF SACRAMENTO

2110 Broadway • Sacramento, California 95818 • 916/733-0200 • Fax 916/733-0215

OFFICE OF THE BISHOP

PARISH CONFIRMATION PREPARATION FORM

Parish: _____ City: _____
Date of Confirmation: _____ Time: _____
Pastor: _____ Phone: _____
Principal/DRE: _____

Minister: Bishop Soto ___ Bishop Weigand ___ Bishop Madera ___

Is this a restored sequence group with First Eucharist? _____

Is this a restored sequence group without Eucharist? _____

How many candidates? _____ What is the age range? _____

Mass/Confirmation Details:

Confirmation will be celebrated in which language? English ___ Spanish ___ Bilingual ___

Will a deacon be present? _____ Name: _____

Will the Kyrie be sung? _____ Will there be a sprinkling? _____ Incense? _____

Readings of the Day:

1st _____ Psalm Response: _____

2nd _____ Gospel: _____

Meal:

Will a meal be served? Yes ___ No ___ If yes, what time, where? _____

Directions to the confirmation site (parish church, mission, or hall): _____

Parking directions: _____

Approximate travel time from Sacramento to the church or site: _____

Please return this form to the Bishop's Office 2 to 3 weeks prior to the scheduled confirmation date. It may be faxed to (916)733-0215. Thank you!