



OFFICE OF THE BISHOP

**PARISH CONFIRMATION PREPARATION FORM**

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

**Minister:** Bishop Soto \_\_\_\_\_ Bishop Weigand \_\_\_\_\_

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:**

1<sup>st</sup> \_\_\_\_\_ Psalm Response: \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_ 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!**