

CONFIRMATION INFORMATION SHEET
Please CLEARLY print or type

Parish _____ City _____ Date of Confirmation _____

Confirmation Coordinator: _____

Name _____ phone number _____ Email address _____

CONFIRMATION CELEBRATION SCHEDULE Time Location

Meeting with Candidates and sponsors before Mass: _____

Confirmation Mass: _____

Designated Parking Spot for Bishop? ___NO ___YES Specify location: _____

***Bishop will bring chrism, veils, and vestments as well as the Order of Confirmation book.**

Parish Preparation:

Name of resources (text/dvd) used in preparation _____

Works of Mercy/Service Projects (give a brief explanation) _____

Retreat (date(s) location(s)) _____

Names of catechists preparing Candidates: _____

Number of teen candidates: _____ Number of adult candidates: _____ Total: _____

After Mass there will be:

Social gathering (brief explanation): _____

Informal greeting of parishioners: _____

Bishop will be available for photos after Mass. Where will photos be taken? _____

Pastor Signature: _____ **Date:** _____

PLEASE return this form AT LEAST ONE MONTH BEFORE the scheduled day of Confirmation. The Bishop will give final approval of the Liturgy Plan prior to printing. If a worship aid is used, please include it with this form.

Send by email to Shasta Beckers at sbeckers@dioscg.org OR
Send by mail to Office of Faith Formation, Diocese of Springfield-Cape Girardeau,
601 S. Jefferson Ave, Springfield, MO 65806.

For any questions or concerns, please contact Sr. Janine Tran, CMR at jtran@dioscg.org OR 417-866-0841.