

REQUEST FOR THE SACRAMENT OF CONFIRMATION TO BE CELEBRATED IN YOUR PARISH

Parish Name and Place _____

Contact Person _____

Telephone _____

Fax Number _____

Email Address _____

Number of Candidates for Confirmation (approximate) _____

Suggested dates and times for the Celebration of Confirmation

Please select four possible dates and times, and list them in order of preference. Try to include two possibilities of dates during the week, and two possibilities of Saturday evening / Sunday.

First choice _____

Second choice _____

Third choice _____

Fourth choice _____

Return by fax to 780 532-9706 or by e-mail to exec.agm@live.ca as soon as you have date options and number of candidates.

Signature of Parish Priest

Signature of Coordinator of Sacramental Preparation

Note: The Archbishop will contact the parish priest to confirm the date and time of the celebration of Confirmation in his parish.