

**SPRING _____
CONFIRMATION DATE REQUEST FORM**

Parish Name: _____ City: _____

Contact Person: _____ Direct Phone: _____ Ext. _____

Email: _____

Total Confirmandi anticipated (If < 30 Confirmandi, twinning is requested): _____

Total # of ceremonies requesting for Parish (this # includes the school): _____

Number of First Communicants anticipated: _____

If requesting multiple Confirmations for less than 120 Confirmandi, please provide the reason for your request:

_____ (as a general rule there will only be one celebration per parish)

Are you twinning with another parish? Yes ___ No _____ If yes, which Parish? _____

Will the confirmation be held at your parish? Yes _____ No _____

If no, at which parish will the Confirmation be held? _____
Parish City

Things to remember...

The dates you are requesting are preferences and are not guaranteed. Pencil these dates in the parish calendar.

It is the parish's responsibility to reserve the dates requested at the hosting parish. Dates must be secured before submitting this form.

Saturday requests can be at either 10:00 or 2:00; Sunday requests can be at a regular Sunday Mass or in the early afternoon. For weekdays, 6pm is the preferred time.

Date	Day of the Week	Time	Age Group	1st Communion included?	ENG/SPA/BL	# of Confirmandi for each ceremony
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

PLEASE COMPLETE AND RETURN NO LATER THAN St. Patrick's Day/March 17 TO:

**Office of the Chancellor, Attn: Executive Assistant
400 E. Monroe Street, Phoenix, AZ 85004-2336
Fax: (602) 354-2427
agonzalez@dphx.org**