ARCHDIOCESE OF
NEW ORLEANS
Office of Worship

CONFIRMATION REQUEST FORM

PARISH _____

ADDRESS _____

NUMBER OF CANDIDATES _____

*if less than **20**, or if not having Confirmation this Spring, check <u>one</u> of the following:*

_____ **Parish will celebrate next Confirmation in** _____.
(season/year)

_____ **Parish will join with** _____
(parish/parishes)

& pastors have agreed to submit the dates below for Confirmation to be held at

_____.
(church/location for joint celebration)

Please submit three dates and times in order of preference, Monday through Friday evenings only. Start times are 4:00, 4:30, 5:00, 5:30 or 7:00 pm.

Day: _____ Date: _____ Time:_____

Day: _____ Date: _____ Time:_____

Day: _____ Date: _____ Time:_____

The Rite of Confirmation will normally take place within the celebration of Mass.

SIGNED_____
(Pastor/Administrator)

*Please return this form ASAP and no later than **July 30, 2026** by emailing it to worship@arch-no.org.*