Confirmation Liturgy
Preparation Form

Form may be completed and sent electronically to liturgy@stocktondiocese.org, faxed to (209) 941-9722, or mailed to the Diocese of Stockton, 212 N San Joaquin St., Stockton, CA 95202.
All forms must be received no later than 30 days prior to the Confirmation.

BASIC INFORMATION

Confirmation Date (MM/DD/YY): _____ **Start Time:** _____

Parish: _____ **Parish City:** _____

Pastor: _____ **Pastor Phone:** _____

DRE/Principal (If applicable): _____ **Phone:** _____

Email: _____

Number of Candidates: _____ **Age Range:** _____

LITURGY

Language(s) (Check all that apply):   English   Spanish   Other: _____

Concelebrants: _____

Deacons: _____

# of Altar Servers: _____   **# of Extraordinary Ministers of Holy Communion:** _____

Music Director Name: _____ **Phone:** _____

Email: _____

Incense: Yes   No   **Vesting Location:**   Rectory   Church

INTRODUCTORY RITES

Entrance Hymn: _____

Kyrie/Lord, Have Mercy: Chanted/Sung   Spoken   **Setting if sung:** _____

Gloria setting (sung): _____

LITURGY OF THE WORD

Readings: **Readings of the Day**   **Other (see GIRM 357-359)**

For each reading, give the Scripture citation (e.g., Jn 4:1-7) and the Lectionary Number

First Reading: _____ **Language:** _____

Responsorial Psalm: _____ **Language:** _____

Second Reading: _____ **Language:** _____

(Second reading is optional, except on Sundays and Solemnities)

Gospel Acclamation Verse: _____ **Setting:** _____

Gospel Reading: _____ **Language:** _____

Universal Prayer: Deacon   Lector/Reader   Cantor

Text for Universal Prayer: From Confirmation Rite   Other (attached)

(Please ensure that a petition for vocations is added)

LITURGY OF THE EUCHARIST

Offertory Hymn: _____ **Gift Procession:**   **Yes**   **No**

Eucharistic Acclamations: Sung   Recited   **Setting:** _____

Lord's Prayer & Doxology   Chanted   Spoken

Communion Hymn(s): _____

_____

Hymn of Praise *(optional):* _____

Announcements: None   Attached

CONCLUDING RITES

Recessional Hymn:

OTHER INFORMATION

Reception following Mass?   Yes   No   Reception Location:_____

Group Photo: Yes   No   Before Mass   After Mass

Photo Location: _____

Lunch/Dinner provided: Yes   No   **Meal time:** _____

Meal location: _____

Other notes (parking information for Bishop and MC, etc….)

_____

_____

_____

Questions regarding this form or the Confirmation Liturgy may be directed to the Liturgy & Worship Office
by phone: 209-466-0636 or email: liturgy@stocktondiocese.org