DIOCESE *of* METUCHEN
OFFICE OF DIVINE WORSHIP

Request for Delegation for Priest to Confirm Baptized Catholic Adults

(18 years or older)

1. Name of church where the Confirmation will be celebrated:

   _____

2. Date of the Sunday of Easter on which Confirmation will be celebrated:

   _____

3. Name of Priest requesting delegation: _____

4. Name(s) of adults to be confirmed at this celebration (use another sheet if necessary):

   _____ _____

   _____ _____

   _____ _____

5. These candidates have participated in a process modeled on the catechumenate?

   ○ Yes ○ No

*If other than the Easter Season, please note specific reason:

_____

_____

Address:

_____

_____

Signature of Priest seeking delegation

_____

Date

PLEASE RETURN TO THE OFFICE OF THE BISHOP BY MAIL (P.O. BOX 191 METUCHEN, NJ 08840-191) OR VIA FAX (732-562-1427) OR EMAILED TO office.of.the.bishop@diometuchen.org