Diocese of San Angelo
2017 CONFIRMATION REQUEST FORM

(PLEASE PRINT)

Today’s Date _____________________________

Location of the Confirmation Mass:

Parish/Mission ____________________________________ City _____________________

Telephone Number (______) ________________________

Contact Name ___________________________  Contact Phone (____) _______________

Contact Email ___________________________

Please list your preferred dates using a combination of weekdays and weekends

First Choice ____________________________________ Time ___________AM/PM
(Day) (S-M-T-W-Th-F-S) (Date) (mm/dd/yyyy)

Second Choice __________________________________ Time ___________AM/PM
(Day) (S-M-T-W-Th-F-S) (Date) (mm/dd/yyyy)

Third Choice ___________________________________ Time ___________AM/PM
(Day) (S-M-T-W-Th-F-S) (Date) (mm/dd/yyyy)

Fourth Choice __________________________________ Time ___________AM/PM
(Day) (S-M-T-W-Th-F-S) (Date) (mm/dd/yyyy)

Fifth Choice ____________________________________ Time ___________AM/PM
(Day) (S-M-T-W-Th-F-S) (Date) (mm/dd/yyyy)

Do you wish Confirmation to be celebrated in: ___ English Mass ___Spanish Mass
_____ Bi-lingual Mass

SIGNATURE OF PASTOR ______________________________________________________________

Please mail or FAX to 325-651-6688 by September 19, 2016 to: ATTN: Lupe Castillo,
Diocese of San Angelo, P.O. Box 1829, San Angelo, TX  76902. Thank you.