

DIOCESE OF BUFFALO CONFIRMATION APPLICATION

Fall 2022

Parish: _____

Mailing Address: _____
Street Address City/Town Zip Code

Pastor/Administrator: _____

If ceremony is combined with other parishes, or hosted by another parish:
name of Church where Confirmation will take place: _____

If Confirmation is a "Family of Parishes" Celebration, names of parishes and number of candidates from each:

Total number to be confirmed: _____

Grade(s) of Confirmandi: _____ No. of semesters of preparation: _____

Please provide 3 requested dates: _____

Weekday celebrations normally are scheduled for 7:00 pm. Please advise if requesting a different time.

Time of celebration if Saturday or Sunday: _____

Coordinator of Confirmation Liturgy: _____

Phone #: _____

***The pastor will be notified by e-mail about the date for Confirmation
as soon as the schedule has been completed.
Please provide the best email address for your pastor:***

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FOR CHANCERY USE

Date & location of Confirmation: _____

Confirming Celebrant: _____

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Please **FAX** (716) 847-5557 or **EMAIL** this completed form to Patricia Baez at pbaez@buffalodiocese.org