

DIOCESE OF BUFFALO CONFIRMATION APPLICATION

Spring 2023

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 ceremony is a "Family of Parishes" celebration, name of Family and parishes: _____

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 #: _____

____ YES, I am would like to participate in the Pentecost Cathedral celebration:

____ Saturday, May 27th at 4:30 p.m.

____ Sunday, May 28th at 3:00 p.m.

(Please note that capacity limitations may restrict the number of guests allowed.)

*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:*

* * * * *

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