



Calendar Request Form for CONFIRMATION

Spring, 2020

General Information

| | |
|---|-------------------------------|
| Parish Name | |
| Town | |
| Contact Person | |
| Telephone | |
| Email | |
| Expected Number of Candidates | |
| Number of Confirmation Masses | |
| Celebrant of Previous Confirmation | |
| Will you be combining with another parish? | Name: |
| Will you participate in group Confirmation on Saturday, March 21, 2020 at 10:00 a.m. at St. Augustine Cathedral | YES NO (please circle one) |

Date and Time Selections

| | Date | Day of Week | Time | Special Occasion |
|----|------|-------------|------|------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Please do not request Mondays

Kindly return the form on or before **Tuesday, September 3, 2019** to Debbie Charles

- Via email: dcharles@diobpt.org
- Via fax: 203-371-8323