



REQUEST FORM FOR CONFIRMATION 2020

Name of Parish _____

We plan Confirmation this year: ____Yes ____No

_____ I would ask Bishop McElroy to give me delegation to perform the Confirmations in our parish this year.

_____ I would like one of the bishops to celebrate Confirmation in our parish. (Please note you may schedule two back-to-back Masses.)

If yes, please indicate your choice of date and time below:

1st choice	_____	_____	_____
	date	time-1	time-2
2nd choice	_____	_____	_____
	date	time-1	time-2
3rd choice	_____	_____	_____
	date	time-1	time-2

We will combine our celebration with _____ parish(es).

Anticipated Number of Candidates: _____

Contact person at your parish _____

Telephone number _____

PLEASE RETURN THIS FORM BY JUNE 30, 2020, TO:

Aurelia Vargas
Office of the Bishop
P.O. Box 85728
San Diego, CA 92186-5728
FAX (858) 490-8302
avargas@sdatholic.org