



REQUEST FORM FOR CONFIRMATION 2021

Name of Parish _____

We plan Confirmation this year: _____Yes _____No

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 **NOVEMBER 30th** TO:

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