



### Conferral Form for Adult Confirmation

(Please Print Legibly or Type)

Please return this form either by email ([cpaul@dioc-fr.org](mailto:cpaul@dioc-fr.org)), fax (508-675-3864) or mail no later than **November 21, 2022** to: The Secretariat for the New Evangelization, Attn: Dcn. Christopher Paul, 423 Highland Avenue, Fall River, MA 02720

#### To be filled out by Pastor:

I request that the sacrament of Confirmation be conferred upon:

Name \_\_\_\_\_  
Last First Middle

Maiden Name (If Applicable) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Father's Full Name \_\_\_\_\_  
Last First Middle

Mother's Full Maiden Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Place \_\_\_\_\_  
(Candidate must be 18 years old)

Date of Baptism \_\_\_\_\_

Church \_\_\_\_\_ Address \_\_\_\_\_

Date of 1<sup>st</sup> Communion \_\_\_\_\_

Please check the box to the right if the candidate will be receiving their 1<sup>st</sup> Communion at the conferral Mass.

Church \_\_\_\_\_ Address \_\_\_\_\_

Confirmation Name Chosen \_\_\_\_\_

Sponsor's Name \_\_\_\_\_

*I certify that this candidate is known to me and is properly prepared for the reception of the Sacrament of Confirmation. I have compared the statements given here with an authentic copy of the Candidate's baptismal record, and I certify that they are true. I have also verified that the sponsor is qualified to be a sponsor for the Sacrament of Confirmation.*

**Parish Seal**

Pastor's Signature \_\_\_\_\_

Parish \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

**The Conferral of Adult Confirmation will take place at the Cathedral of St. Mary of the Assumption (327 2nd St, Fall River) on Thursday, December 1, 2022 at 7 p.m. The rehearsal will be held at 6 p.m. with sponsors.**