

Conferral Form for Adult Confirmation

(Please Print Legibly or Type)

Please return this form either by email (<u>cpaul@dioc-fr.org</u>), 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	9		
Maiden Name (If Applicable)						
Address						
Home Phone						
Father's Full Name						
	Last	Firs	it	- 16	Middle	
Mother's Full Maiden Name						
	Last	Firs	t	•	Middle	
Date of Birth		Place_				
(Candidate must be 18 years old	t)					
Date of Baptism					5.	
Church						
Date of 1 st Communion					right if the candidate will be on at the conferral Mass.	
Church		Address				
Confirmation Name Chosen						
Sponsor's Name						
I certify that this candidate is known compared the statements given here	n to me and is prop	erly prepared	l for the rece	ption of	the Sacrament of Co	nfirmatior

	Parish Seal	
Pastor's Signature		
Parish	Date	
Address		

have also verified that the sponsor is qualified to be a sponsor for the Sacrament of Confirmation.

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. <u>The rehearsal will be held at 6 p.m. with sponsors.</u>