DIOCESE OF FALL RIVER
SECRETARIAT FOR THE NEW EVANGELIZATION

**Conferral Form for Adult Confirmation**

*(Please Print Legibly or Type)*

Please return this form either by email (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 _____

Please check the box to the right if the candidate will be receiving their 1st Communion at the conferral Mass. ☐

Date of 1st Communion _____

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.***