



# Diocese of Salina

## 2019-2020 Parish Request for the Sacrament of Confirmation

Pastor/PLC:	Email:
Parish/Parishes:	Phone:
Parish Address:	Number to be Confirmed:
City & Zip Code:	Year last administered: If not 2017-2018, next year anticipated:
Parishes, if combined:	Location, if combined:

The above Parish requests the Sacrament of Confirmation for 2019-2020: **Yes** **No**

**Preferred time of the year for the Sacrament of Confirmation:** Fall 2019 Winter/Spring

**Preferred Day/Time of the week:** 2020

Weekday: Tuesday      Wednesday      Thursday      Time      am      pm

Weekend: Saturday      Sunday      Time      am      pm

**If you have a specific date and time in mind, please indicate below. Please note that this not guarantee the date/time you may have requested. You may also list alternate dates/times of your preference. Please be sure your requested date/time does not conflict with other school, parish and/or community events. If the date/times you have indicated are already filled by other commitments on the Bishop’s schedule, you will be called and offered other possible open dates.**

1 <sup>st</sup> Choice: Date/Time	2 <sup>nd</sup> Choice: Date/Time
3 <sup>rd</sup> Choice: Date/Time	4 <sup>th</sup> Choice: Date/Time

Comments:

**All parishes are asked to kindly return this form to the Office of the Bishop by Friday, July 5, 2019. You may also scan and email.**

**All parishes are required to complete and return this form, even if you are not planning to have Confirmation in 2019 - 2020. If you have any questions, contact the Bishop’s Office at 785-827-8746 Ext. 34 or [chancery2@salinadiocese.org](mailto:chancery2@salinadiocese.org). Thank you.**