



DIOCESAN CONFIRMATION REGISTRATION FORM

To be registered for a diocesan confirmation service, submit this form to the Bishop's Office

NO LATER THAN 60 days prior to your requested confirmation date.

E: clacasse@dioceseli.org F: (516) 877-1349; Mail: 36 Cathedral Avenue, Garden City, NY 11530

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|---|--|
| Confirmation Date Requested and Location: | |
| Sponsoring Clergy: | |
| Parish: | |
| Parish Mailing Address: | |
| Phone Number: | |
| E-mail Address: | |

Please **type or clearly print** all information. For each candidate, mark Confirmation (C), Reception (R), or Reaffirmation (RA). Total the C, R, and RA columns.

| Name | Age | Address | Previous Ecclesiastical Connection | C | R | RA |
|----------------|-----|---------|------------------------------------|---|---|----|
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| TOTALS: | | | | | | |

Use Additional Forms if Necessary.

For Bishop's Office Use Only: (this to be filled out by the Diocese only and sent back to the parish as proof of confirmed registration date)

Form Received On: _____

The above-named candidates are registered at the following service:

| | | | |
|---------------------|--------------|------------------|---|
| Date Assigned: | | Time of Service: | |
| Location: | | | |
| Officiating Bishop: | | | |
| Notified Parish On: | Date: | By: | <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail |

IMPORTANT: Within ONE WEEK FOLLOWING THE SERVICE, PLEASE SIGN and RETURN this form. For our official records, please confirm that these candidates were presented to the Bishop as listed above. (Please cross out the names of anyone who was not present).

Sponsoring Clergy Signature: _____ Date: _____