

Request for Delegation for Pastors to Confirm Baptized Catholic Adults

(18 years or older)

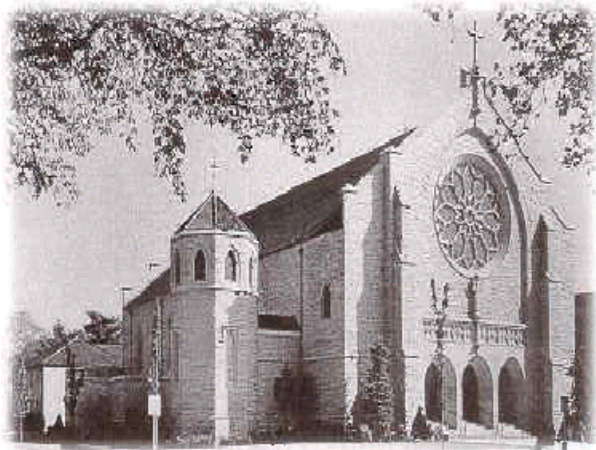
1. Name of church where the Confirmation will be celebrated:

2. *Date of the Sunday of Easter on which Confirmation will be celebrated:

3. Name of pastor requesting delegation: _____

4. Name(s) of adults to be confirmed at this celebration (use another sheet if necessary):

5. These candidates have participated in a process modeled on the catechumenate?
Yes _____ No _____



Signature of pastor seeking delegation/date

Address:

*If other than the Easter Season, please note specific reason:

PLEASE RETURN TO THE OFFICE OF THE BISHOP VIA FAX (732-562-1427)