OFFICE OF CANONICAL SERVICES

ARCHDIOCESE OF WASHINGTON, P.O. BOX 29260, WASHINGTON, DC 20017-0260 Tel: 301.853.5325 Fax: 301.853.7674 E-mail: canonical@adw.org

REQUEST FOR FACULTY TO CONFIRM BAPTIZED CATHOLICS

I request the faculty to	o confirm the following baptized Cath	nolics at the Easter Vigil	(or other time) on
	at		
Date	at Parish/City		
Priest who will confer	the sacrament:		
_	I, uncatechized Catholics who will also not enough room here):	so make their First Com	munion (Please
(2) Names of baptized not enough room	d, catechized Catholics who will only <i>here</i>):	be confirmed (Please a	ttach list of names if
Reason for requesting of Confirmation on Pe	faculties to confirm Group (2) (e.g. entecost"):	"Unable to attend Arch	diocesan celebration
Signature of Priest Re	equesting Faculty E-mail	Fax	
v			
For Office of Canoni	t one month prior to the anticipated ical Services Use:	d Confirmation date to	the above address.
In accord with Canon	n 884, §1, I hereby grant the above mation to baptized Catholics. Plea	-	
Delegate of the Archb	ishop	 Date	