

REQUEST FOR CONFIRMATION ARCHDIOCESE OF ATLANTA

NAME OF PARISH: _____ Phone # _____
[PLEASE PRINT]

ADDRESS: _____

1ST PREFERENCE _____
Month and Date Year Day of the Week Time

2ND PREFERENCE _____
Month and Date Year Day of the Week Time

3RD PREFERENCE _____
Month and Date Year Day of the Week Time

LUNCH/OR
DINNER: Yes ___ Time _____ No ___ PARISH RECEPTION: Yes ___ No ___

APPROXIMATE NUMBER OF CANDIDATES _____ APPROXIMATE AGE OF CANDIDATES _____

PLEASE INDICATE IF A LANGUAGE OTHER THAN ENGLISH IS NECESSARY FOR THE LITURGY: _____

CONTACT PERSON: _____ EMAIL: _____

NOTE: ONLY INCLUDE CONTACT PERSON RESPONSIBLE FOR EVENT.

DATE _____

[PLEASE PRINT]

PLEASE COMPLETE THIS CONFIRMATION REQUEST AND RETURN TO

Mardessa Smith
2401 Lake Park Drive
Smyrna, GA 30080-8862
or
CONFIRM@ARCHATL.COM