

THE ROMAN CATHOLIC
ARCHDIOCESE OF ATLANTA



**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