



Memo

Date: June 4, 2018
To: Pastors, Deacons, Religious Education Directors and Secretaries
From: Mardessa Smith, Sr. Executive Assistant, Office of the Archbishop
Re: Spring 2019 Confirmations

The scheduling of Confirmations taking place between January 2019 and July 2019 has begun. Please complete and submit the attached request form by mail, fax or email (one submission only). If you choose to submit the request form via email, please attach the completed form. Requests that are incomplete will be returned.

Request forms are handled on a first come, first serve basis for the calendars of Archbishop Gregory, Bishop Konzen or Bishop Shlesinger. Parishes will be notified via email with a letter confirming the date, time and respective bishop no later than July 2, 2018.

If you have any questions about scheduling a Confirmation, please contact me by phone at (404) 920-7303 or email mwsmith@archatl.com.

PLEASE CONSIDER:

- Fridays, Saturdays and Sundays are the most requested days for Confirmation. For parishes located within the perimeter, please choose a weeknight for your Confirmation if possible.
- The bishops are **not** available on the following dates in 2019:
 - January 7-11, 2019
 - May 25, 2019
 - June 10- 14, 2019
- If the number of Confirmation candidates is fewer than ten (10), consider joining with a neighboring parish or celebrate the Sacrament of Confirmation every two years. If the number of candidates is more than 80, please request two liturgies.

- The Fall 2019 Confirmation schedule will open Monday, January 7, 2019.
- The Spring 2020 Confirmation schedule will open on Monday, June 3, 2019.

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