

Summary Form of Upcoming 2025 Confirmation

PLEASE RETURN THIS FORM ALONG WITH LITURGY FORM 2 WEEKS PRIOR TO CONFIRMATION

This form is to be completed and submitted *by every parish* scheduled for Confirmation.

Number of confirmandi _____

- Have confirmandi completed two (2) years of formation? Yes No
Have all confirmandi chosen a Saint's Name? Yes No
Are all confirmandi in High School or already Adults? Yes No

Summary of Discussion Questions
(Please do not include specific names of confirmandi)

How are you going to support your parish with your time and talents?

Whom did you choose as your Sponsor and why?

Which Saint's name did you choose and why?

Signature of Pastor/Priest Administrator

Date

Parish Name and Location

Please submit this form, along with the liturgy form. (This form is to be completed and submitted *by every parish* scheduled for Confirmation.) Please sign and return the form *no later than* 14 days before Confirmation date to: Archbishop's Office, 4000 Saint Joseph Place NW, Albuquerque, NM 87120 or by fax to 505-831-8101 or by email at mamascarenas@asfnm.org.
REMINDER: NO NEED TO SEND IN LETTERS TO THE ARCHBISHOP, but ALL letters MUST be reviewed by the Pastor/Administrator. Thank you.