CONFIRMATION LITURGY PREPARATION FORM

Return this form at least two weeks prior to the celebration to:
Martha Hagan
600 Locust Street
Owensboro, KY 42301
Phone: 270-683-1545
Fax: 270-683-6883

Please Type or Print

Parish: ___________________________  Day and Date of Confirmation: ___________________________

Participating Parishes: ________________________________________________________________

Time: __________________________

Contact Person: ___________________________  Daytime phone: ____________________________
  Email: ____________________________

Number of Candidates: ____________________________

Concelebrant (s): ___________________________________________________________________

Vestment Color: Red _____  White _____  Other: ____________________________
  [Note: Red may not be worn on Sunday’s during the seasons of Advent, Lent and Easter]

Liturgy of the Word  (Please include Lectionary number)

First Reading:  ________________________________________________________________

Second Reading:  ________________________________________________________________

Gospel:  ________________________________________________________________

Confirmation Rite:  Most Reverend William F. Medley

Presentation of Candidates:  Who will present the candidates: ____________________________

PLEASE RETURN TO:  Martha Hagan
  McRaith Catholic Center
  600 Locust Street
  Owensboro, Kentucky 42301-2130
  Phone: 270-683-1545, ext. 340
  Fax 270-683-6883
  Email: martha.hagan@pastoral.org