

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