DIOCESE OF ARLINGTON

Confirmation Liturgy Form
Most Rev. Michael F. Burbidge

Please complete this form using the "Guidelines for Confirmation with Most Rev. Michael F. Burbidge."

General Information

Date of Liturgy: _____   Time: _____

Church: _____   City: _____

Participating Parishes apart from Host Parish (No. of Candidates):

_____

Total Number of Candidates: _____

Language: ○ English only ○ Spanish only ○ Bilingual

Location of Meeting of Bishop with Candidates: _____

Location of Meeting of MC with Sponsors: _____

Location of Parking for Bishop Burbidge: _____

Location of Vesting for Bishop Burbidge: _____

Location of Reception: _____

Liturgical Ministers

Concelebrants: _____

_____

Please arrange for the following, ensuring a balance both of cultures and of male and female ministers:

_____ Deacon(s)   _____ Readers   _____ Cantor

__5__ Servers   __4__ Gift Bearers *(newly Confirmed, male and female)*

_____ Extraordinary Ministers of Holy Communion (when necessary)
(2 Chalices per 1 Ciborium when both Species are distributed)

Liturgy of the Word

Readings: ○ Confirmation ○ Of the Day

List of Readings: _____

Prayer of the Faithful: read by: _____
(please use the Prayer of the Faithful provided by the Office of Divine Worship)

Music

Entrance Hymn: _____

Penitential Act: ○ Confiteor w/ *Kyrie, eleison* by Choir ○ Invocations

Gloria: _____

Resp. Psalm Refrain: _____
(please select no more than 3 verses)

Anointing: Instrumental

Offertory Hymn: _____

Preface Acclamation: _____

Mem. Acclamation: _____

Great Amen: _____

Lamb of God: _____

Communion Hymn: _____

Recessional Hymn: _____

Further Details

Person Introducing Program before Liturgy: _____

After the Prayer after Communion, the Pastor or Administrator should briefly offer words of thanks and make an announcement about the reception following the liturgy.

Photo Coordinator: _____   Group Picture: ○ Yes ○ No

Location of Individual Pictures: _____

Liturgy Coordinator	Phone	Email
Music Coordinator	Phone	Email
Person Drafting Program	Phone	Email

Please return this form, preferably by email, **on the 1ˢᵗ of the month in the month *prior to* the liturgy.**

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