



DIOCESE OF OGDENSBURG

Office of the Bishop

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CONFIRMATION SURVEY FORM

Pastor/Pastoral Delegate/Administrator: _____

Parish: _____ Address: _____

Telephone: _____ Fax: _____ Email: _____

This parish has Confirmation every: 1 year 2 years 3 years

❖ Date of last Confirmation _____

❖ I would like Confirmation Spring 2010 Fall 2010 Spring 2011

❖ I would prefer to have a single parish celebration: YES NO

❖ I would prefer to have a combined parish celebration: YES NO

✓ Name of other parish(es) involved: _____

✓ I have spoken with the other pastors involved: YES NO

✓ Parish where Confirmation will be held: _____

❖ I would like to join in a diocesan-wide celebration of the Sacrament of Confirmation on PENTECOST at St. Mary's Cathedral in Ogdensburg...

_____ Sunday, May 23, 2010 – Pentecost Sunday – 3:00 p.m.

❖ Approximate number to be confirmed: _____

❖ Suggested dates or time: _____

❖ Conflicting dates or time to avoid: _____

Comments:

Please return to:

Office of the Bishop
Post Office Box 369
Ogdensburg, NY 13669
Fax: (866) 393-7642