

**REQUEST FOR PRESENCE OF A BISHOP
AT PARISH CONFIRMATION**

PARISH/INSTITUTION _____

CITY _____

CONTACT PERSON _____

PHONE (____) _____ EMAIL _____

Approximate number of persons being confirmed _____ Grade level _____

Please give the number of dates that will accommodate your certified seating plan.

DAY _____ DATE _____ TIME _____

DAY _____ DATE _____ TIME _____

DAY _____ DATE _____ TIME _____

DAY _____ DATE _____ TIME _____

DAY _____ DATE _____ TIME _____

Please return to the Office of Divine Worship by:

E-mail: odw@dioceseofjoliet.org,

Mail: 16555 Weber Road, Crest Hill, IL 60403

Fax: (815) 221-6089