

## **Diocese of Honolulu** • Office of the Bishop • <a href="www.catholichawaii.org">www.catholichawaii.org</a> 1184 Bishop Street, Honolulu, HI 96813-2859 • 808.585.3347 • <a href="mailto:bishop@rcchawaii.org">bishop@rcchawaii.org</a>

## (\_\_\_\_\_\_ VICARIATE - \_\_\_/\_\_ to \_\_/\_\_/\_\_) Name of Parish: (If clustered or combined please indicate church location where the confirmation will be held.) Contact Person for Confirmation: Telephone: Email: Please complete the following and fax or email back to Brendan Porick, Office Assistant for the Bishop's Office, at 808-537-1860 or bporick@rcchawaii.org. Thank you. Estimated Number of Confirmands: \_\_\_\_\_ Age Range: \_\_\_\_\_ Preferred Day and Time of the Week from Assigned Schedule (Please designate 1, 2 or 3 in order of preference. At least one date selected *must* be a weekday.): \_Tuesday, \_\_\_/\_\_\_ at \_\_\_:\_\_ pm \_\_\_\_Saturday, \_\_\_/\_\_\_ at \_\_\_:\_\_ am \_\_\_\_Thursday, \_\_\_/\_\_\_ at \_\_\_:\_\_ pm \_\_\_\_Saturday, \_\_\_/\_\_\_ at \_\_\_:\_\_ pm \_\_\_\_Friday, \_\_\_/\_\_\_ at \_\_\_:\_\_ pm \_\_\_\_Sunday, \_\_\_/\_\_\_ at \_\_\_:\_\_ am \_\_\_\_Sunday, \_\_\_/\_\_\_ at \_\_\_:\_\_ pm Preferred Specific Dates and Times outside Assigned Schedule – Including July, August, September, October, November and December (Please list 3 in order of preference. At least one date selected *must* be a weekday): \_\_\_\_Tuesday, \_\_\_/\_\_\_ at \_\_\_:\_\_ pm \_\_\_\_Saturday, \_\_\_/\_\_\_ at \_\_\_:\_\_ am \_\_\_\_Thursday, \_\_\_/\_\_\_ at \_\_\_:\_\_ pm \_\_\_\_Saturday, \_\_\_/\_\_\_ at \_\_\_:\_\_ pm \_\_\_\_Friday, \_\_\_/\_\_\_ at \_\_\_:\_\_ pm \_\_\_\_Sunday, \_\_\_/\_\_\_ at \_\_\_:\_\_\_ am \_\_\_\_Sunday, \_\_\_/\_\_\_ at \_\_\_:\_\_ pm

Signature of Pastor

**Confirmation Scheduling Form** 

Date