



CELEBRATION OF THE SACRAMENT OF CONFIRMATION 2023-2024

Please Print or Type

Parish _____ City _____

Date of Confirmation _____

Confirmation Statistics

Number of Persons Confirmed:	Grade 8	_____
	Grade 9	_____
	Grades 10, 11, 12	_____
	Total Youth	_____
	Adults (if any)	_____

Number of potential candidates invited to your Confirmation preparation _____

Number of candidates who participated in your Confirmation preparation _____

Number who participated in the preparation, but were NOT confirmed _____

Please indicate any reason that may have contributed to candidates NOT being confirmed.

Please describe the preparation process for Confirmation at your Parish, highlighting the specific blessings and challenges.

Component Parts of Your Preparation Program

	Confirmandi only	Including sponsors/parents?
1. Informational session	_____	_____
2. Catechetical session on the Sacrament of Confirmation and the Holy Spirit	_____	_____
3. Catechetical session on Reconciliation	_____	_____
4. Catechetical session on Initiation into the Catholic Church	_____	_____
5. Rehearsal	_____	_____

Confirmation Preparation

Date(s) _____

Day(s) of the week _____ Time(s) of sessions _____

Catechetical Resources

Title(s)	Publisher(s)
_____	_____
_____	_____

Number of Adult Team Members

Catechists _____ Advisors/Others _____

Form completed by: Name _____ Position _____

Phone _____ Date _____

Ashtabula, Columbiana, and
Mahoning Counties,
please return to:
Margie Hynes
mhynes@youngstowndiocese.org

Portage, Stark and
Trumbull Counties,
please return to:
Barbara Walko
bwalko@youngstowndiocese.org

PLEASE COPY FOR YOUR FILE AND RETURN AT YOUR EARLIEST CONVENIENCE. THANK YOU!