

ARCHDIOCESE OF DUBLIN SACRAMENT OF CONFIRMATION (ADULT)

(To be completed by priest after preparation)

Name of Candidate: _____

Address: _____

_____ Telephone/Mobile number _____

Is it certain that the person was baptised in the Catholic Church? _____

Is it certain that nothing impedes the reception of this Sacrament? _____
(e.g. an irregular union)

Please state the length of time of formal preparation this person has undergone _____

Has it been judged that he/she is now ready to receive the sacrament of Confirmation?

DELEGATION

The above-named person is now ready to be confirmed in the Catholic Church. I hereby request the appropriate delegation to do so.

Signature of Priest: _____ Date: _____

Address: _____

Please return to The Chancellery