

**Archdiocese for the Military Services, U.S.A**

Post Office Box 4469, Washington, D.C. 20017-0469

**3 -** from: \_\_\_\_\_

(Chancery Record Numbers )

to: \_\_\_\_\_

**BISHOP'S LISTING OF CONFIRMANDI**

To be used for listing a group of individuals receiving Confirmation at the same time from the same Official

1. This list, completed, is to be given to the AMS Bishop prior to the ceremony; an individual RECORD of CONFIRMATION must be prepared for each confirmandi.
2. The Certifying priest/deacon must notify each individual's Church of Baptism/POF of receipt of Confirmation.

(Type or print in black or blue ink)

Use the TAB key to move to the next field

Sheet 1 of 1

**Place of Confirmation:**

\_\_\_\_\_ Installation Name and Location

**Confirming Prelate:**

\_\_\_\_\_ Full Title and Name

\_\_\_\_\_ Date of Ceremony

**Individuals to be Confirmed:**

**Full Name:**

**Age**

*Date of Catholic  
Baptism or POF:*

*AMS Baptism/  
POF Record #.*

*(Chancery Use)  
CR Record No:*

1:	_____	_____	_____	_____
2:	_____	_____	_____	_____
3:	_____	_____	_____	_____
4:	_____	_____	_____	_____
5:	_____	_____	_____	_____
6:	_____	_____	_____	_____
7:	_____	_____	_____	_____
8:	_____	_____	_____	_____
9:	_____	_____	_____	_____
10:	_____	_____	_____	_____
11:	_____	_____	_____	_____
12:	_____	_____	_____	_____
13:	_____	_____	_____	_____
14:	_____	_____	_____	_____
15:	_____	_____	_____	_____
16:	_____	_____	_____	_____
17:	_____	_____	_____	_____
18:	_____	_____	_____	_____
19:	_____	_____	_____	_____
20:	_____	_____	_____	_____
21:	_____	_____	_____	_____
22:	_____	_____	_____	_____
23:	_____	_____	_____	_____
24:	_____	_____	_____	_____

For a larger class, use an additional form, and label the forms as 1 of 2, 2 of 2, etc

**REMARKS:**

**PRIEST NOTARY:**

\_\_\_\_\_  
Signature of Certifying Priest/Deacon

\_\_\_\_\_  
Printed Name of Certifying Priest/Deacon

\_\_\_\_\_  
Installation Address

For Chancery Use: Date Entered: \_\_\_\_\_

Entered by: \_\_\_\_\_