

CONFIRMATION SUMMARY FORM DIOCESE OF KANSAS CITY-ST. JOSEPH

*Complete and return to the Youth Office **4 weeks** prior to your scheduled celebration of Confirmation.
Every question must be completed. Thank you for your cooperation.*

Parish: _____ City: _____

Pastor/Pastoral Administrator: _____ Phone: _____

Confirmation Coordinator: _____ Day Phone: _____

Number of candidates to be confirmed: _____

Date and time: _____ Location: _____

Of all sophomore-aged youth who should be confirmed at this time, what percentage is being confirmed? _____%

Years of religious education received by candidates at the start of Confirmation preparation since First Communion (roughly grades 3-9). List number of candidates in each category.

None: _____ 1-2 years: _____ 3-4 years: _____ 5-6 years: _____ Every year since First Communion: _____

When did your parish preparation process begin?
(Date) _____

Preparation Description (please type responses on a separate sheet.)

A) Which of the approved resources are you using? (Please include number of sessions used, topics chosen, and whether small groups in the home or large groups in the parish were used)

B) In what types of service have the candidates been involved?

C) Describe the retreat(s) offered. (When, where, theme(s), length, etc.)

D) Other activities: (Parent/sponsor involvement, sessions for parents, sponsors, etc.)

E) How are the confirmed invited into the parish life and mission? (Assisting as liturgical ministers, serving on the parish pastoral council, helping with religious education, etc.)

F) What are opportunities available for catechesis or evangelization for high school youth apart from Confirmation preparation, either in the form of youth group activities or continuing religious formation? Please describe.

If you have questions concerning Confirmation, please contact the Office of Youth Ministry (816) 756-1850 x554

