

# REQUEST FOR CONFIRMATION ARCHDIOCESE OF ATLANTA

NAME OF PARISH: \_\_\_\_\_ Phone # \_\_\_\_\_  
[PLEASE PRINT]

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

1<sup>ST</sup> PREFERENCE \_\_\_\_\_  
Month and Date Year Day of the Week Time

2<sup>ND</sup> PREFERENCE \_\_\_\_\_  
Month and Date Year Day of the Week Time

3<sup>RD</sup> PREFERENCE \_\_\_\_\_  
Month and Date Year Day of the Week Time

LUNCH/OR  
DINNER: Yes \_\_\_ Time \_\_\_\_\_ No \_\_\_ PARISH RECEPTION: Yes \_\_\_ No \_\_\_

APPROXIMATE NUMBER OF CANDIDATES \_\_\_\_\_ APPROXIMATE AGE OF CANDIDATES \_\_\_\_\_

PLEASE INDICATE IF A LANGUAGE OTHER THAN ENGLISH IS NECESSARY FOR THE LITURGY: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**NOTE: ONLY INCLUDE CONTACT PERSON RESPONSIBLE FOR EVENT.**

DATE \_\_\_\_\_

[PLEASE PRINT]

**PLEASE COMPLETE THIS CONFIRMATION REQUEST AND RETURN TO**

Mardessa Smith  
2401 Lake Park Drive  
Smyrna, GA 30080-8862  
or  
CONFIRM@ARCHATL.COM