



## LITURGY PREPARATION FORM FOR THE CELEBRATION OF THE SACRAMENT OF CONFIRMATION - DIOCESE OF RALEIGH

Complete this *form* using the document *Guidelines for the Celebration of the Sacrament of Confirmation in the Diocese of Raleigh*.  
*Please return to the Office of Worship no later than 3 weeks prior to the Celebration of Confirmation.*

### General Information

Deanery / Parish \_\_\_\_\_

Date of celebration \_\_\_\_\_ Time \_\_\_\_\_

Church of celebration \_\_\_\_\_

City of celebration \_\_\_\_\_

Participating parishes and number from each parish to be Confirmed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total number of Candidates to be confirmed \_\_\_\_\_

Concelebrants \_\_\_\_\_

\_\_\_\_\_

If this is an evening liturgy, are there plans for a light dinner with the Bishop, clergy, and catechists before the ceremony? \_\_\_\_ yes \_\_\_\_ no

Location for the dinner: \_\_\_\_\_

Bishop Burbidge will meet with the Candidates 45 minutes prior to start of the liturgy

Location of meeting with the Candidates \_\_\_\_\_

**Liturgical Ministers**

*Please arrange for the following ministers*

\_\_\_\_\_ Deacon(s) (when appropriate) \_\_\_\_\_ Readers (2) \_\_\_\_\_ Servers (6) \_\_\_\_\_ Cantor  
\_\_\_\_\_ Musician(s) \_\_\_\_\_ Extraordinary Ministers of Holy Communion \_\_\_\_\_ Gift Bearers  
(2 chalices for every **1** ciborium)

**Music**

*The Responsorial Psalm, Gospel Acclamation, Eucharistic Acclamations and Lamb of God are to be sung. The Lord's Prayer is ordinarily not sung.*

Entrance Hymn \_\_\_\_\_

Responsorial Psalm (Indicate text and musical setting) \_\_\_\_\_

Gospel Acclamation (Indicate musical setting) \_\_\_\_\_

Preparation of the Altar (Indicate hymn or instrumental and selection to be played)  
\_\_\_\_\_

Eucharistic Acclamations (Sanctus, Memorial Acclamation) and Lamb of God (Indicate musical settings) \_\_\_\_\_

Communion Hymn \_\_\_\_\_

Hymn of Praise \_\_\_\_\_

Closing Hymn \_\_\_\_\_

**LITURGY OF THE WORD**

*Please indicate which option for Readings (See Appendix I of the Guidelines for Reading choices).*

\_\_\_\_\_ **A**    \_\_\_\_\_ **B**    \_\_\_\_\_ **C**

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After the completed *form* has been reviewed, the Office of Worship will contact you. Please wait until you hear from the Office of Worship before proceeding with further planning, programs, music selection, etc.

Signature of Preparer of this form
Name of Preparer (please print)
Email
Contact Phone Number(s)