

2025 CONFIRMATION/FIRST COMMUNION MASS SCHEDULING FORM

(Submit one form per Parish/Location)

Parish/location Name: _____

Address: _____

SCHEDULED DATES FOR YOUR CONFIRMATION/FIRST COMMUNION MASS(ES):

# of Masses	Date of Mass	Time	Language
1			<input type="checkbox"/> English <input type="checkbox"/> Bilingual <input type="checkbox"/> Spanish <input type="checkbox"/> Other
2			<input type="checkbox"/> English <input type="checkbox"/> Bilingual <input type="checkbox"/> Spanish <input type="checkbox"/> Other
3			<input type="checkbox"/> English <input type="checkbox"/> Bilingual <input type="checkbox"/> Spanish <input type="checkbox"/> Other
4			<input type="checkbox"/> English <input type="checkbox"/> Bilingual <input type="checkbox"/> Spanish <input type="checkbox"/> Other
5			<input type="checkbox"/> English <input type="checkbox"/> Bilingual <input type="checkbox"/> Spanish <input type="checkbox"/> Other
6			<input type="checkbox"/> English <input type="checkbox"/> Bilingual <input type="checkbox"/> Spanish <input type="checkbox"/> Other

(If you are scheduling more than 6 Masses, please use another sheet)

Name of Parish Contact: _____

Telephone Number: _____

Email Address: _____

Mail form to: **Office of the Archbishop**
 Attn. Christina Buches
 1300 South Steele Street
 Denver, CO 80210

Or email form to: office.archbishop@archden.org
Questions? Call: Christina Buches (303) 715-3100
 Fr. Tom Scherer (303) 715-3210

*****PLEASE RETURN THIS FORM BY FRIDAY, SEPTEMBER 6TH, 2024*****