

**REQUEST for FACULTY TO CONFIRM THE ADULT CATHOLIC CANDIDATES.**

This is a sample letter of the Request for Faculty to Confirm from the Bishop. It contains the necessary information needed for the faculty to be granted.

The letter should be mailed to **Bishop Mark L. Bartchak, *Mary Mother of God, Pastoral Center, 2713 W. Chestnut Avenue, Altoona, PA 16601*** Mrs. Teresa M. Stayer, Chancellor of the Diocese of Altoona-Johnstown, will complete the necessary form.

If it is necessary for a Deacon Administrator to request the faculty he must name the priest who will be conferring the sacrament, and an adapted second letter of request be written and signed by the intended conferring priest. The letters should be mailed together. The Sacrament of Confirmation must be conferred by whom the faculty was granted to, and on the date on which the faculty has been requested for.

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**(On Parish letter head)**

\_\_\_\_\_ (date)

Dear Bishop Mark,

I am writing to request the Faculty to confer the Sacrament of Confirmation for \_\_\_\_\_ (Full name) DOB: \_\_\_\_\_

on \_\_\_\_\_ (date of intended Confirmation) at \_\_\_\_\_ (location)

He/She is \_\_\_\_\_ years old, and is a baptized Catholic who did not celebrate the sacrament with-in the normative age of the required Confirmation Preparation Process for the Diocese of Altoona-Johnstown.

\_\_\_\_\_ (name) has completed the sacrament preparation within the parish **Adult Preparation Process or Rite of Christian of Initiation of Adults for the already baptized.**

**Salutation:**

**(Signature of Pastor or Priest Administrator)**

**Printed name of Pastor or Priest Administrator**