



**COMPLETION OF  
SACRAMENTS OF INITIATION**  
Diocese of Great Falls-Billings

**LITURGY PREPARATION FORM:**

In preparing to celebrate the completion of the Sacraments of Initiation with your parish community, the Bishop would find the following information helpful. Please fill in and return this form **at least thirty (30) days** before the event. Thank you.

Parish: \_\_\_\_\_ Address: \_\_\_\_\_  
(Directions are helpful.)

Date of Celebration: \_\_\_\_\_ Time: \_\_\_\_\_

Candidates for Confirmation: #\_\_\_ ages \_\_\_\_\_; for First Eucharist: #\_\_\_ ages \_\_\_\_\_

Meal or Reception: \_\_\_ No \_\_\_ Yes (time \_\_\_\_\_) Photo with Bishop (time \_\_\_\_\_)  
(preferably after the celebration)

*Please indicate where the Bishop is to park his vehicle. Please reserve a space for him.*

**Checklist:**

- \_\_\_ I have read and understood the accompanying instruction.
- \_\_\_ Candidates told to come early (Bishop meeting)
- \_\_\_ Chrim set-up \_\_\_ Sprinkling Rite set-up \_\_\_ Vestments & Environment set-up
- \_\_\_ Incense \_\_\_\_\_ when \_\_\_\_\_
- \_\_\_ Candidate identification set-up \_\_\_\_\_ Warm water & towels set-up \_\_\_\_\_
- \_\_\_ Ritual Presentation of Candidates arranged (Name: \_\_\_\_\_)
- \_\_\_ Readers have been identified and rehearsed
- \_\_\_ Extraordinary Ministers of Holy Communion identified and prepared
- \_\_\_ Minister of Ceremonies \_\_\_\_\_ Cross Bearer \_\_\_ Acolyte \_\_\_ Thurifer
- \_\_\_ Pastor consultation \_\_\_\_\_ Musician consultation \_\_\_ Liturgist consultation
- \_\_\_ Miter Bearer \_\_\_\_\_ Crosier Bearer

**READINGS:** \_\_\_\_\_

**MUSIC:** \_\_\_\_\_ Please identify Title & Author

Gathering Song: \_\_\_\_\_

Sprinkling Rite: \_\_\_\_\_

Gloria (omit Advent & Lent): \_\_\_\_\_

Responsorial Psalm: \_\_\_\_\_

Gospel Acclamation: \_\_\_\_\_

Music during Confirmation procession: \_\_\_\_\_

General Intercessions: \_\_\_ sung \_\_\_ not sung \_\_\_\_\_

Preparation of the Gifts: \_\_\_\_\_

Holy (Mass setting) \_\_\_\_\_



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Eucharistic Prayer for Children Acclamations (optional): \_\_\_\_\_  
Memorial Acclamation (Mass setting): \_\_\_\_\_  
Doxology/Great Amen (Mass setting): \_\_\_\_\_  
Our Father: \_\_\_ sung as found in Sacramentary \_\_\_ spoken  
Lamb of God (Mass setting): \_\_\_\_\_  
Communion Song: \_\_\_\_\_  
Song of Sending: \_\_\_\_\_

Please indicate any particular patterns/practices which the Bishop should know prior to the liturgy. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person completing this form: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Pastor or Pastoral Administrator: \_\_\_\_\_ (signature)

Mail or fax to:  
The Office of Worship & Christian Initiation  
PO Box 1399  
Great Falls, MT 59403

fax 1-406-454-3480  
1-800-332-9998 or 727-6683

Revised & Promulgated  
By Bishop Michael W. Warfel  
January 2010