

Confirmation Information Form

Applic. Date:

Candidate

Name:	<input type="text"/> First	<input type="text"/> Middle	<input type="text"/> Last	Sex:	<input type="text"/> M/F
Requesting:	<input type="text"/> Confirmation, Reception, or Reaffirmation				
Date of Birth:	<input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year	<input type="text"/> Age	
Place of Birth:	<input type="text"/> City	<input type="text"/> State			
Home Address:	<input type="text"/> Street Address			<input type="text"/> Apt. No.	
	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip		
Contact Info:	<input type="text"/> Telephone		<input type="text"/> Email Address		

Parents

Name #1:	<input type="text"/> First	<input type="text"/> Middle	<input type="text"/> Last	<input type="text"/> Religious Affiliation	
Name #2:	<input type="text"/> First	<input type="text"/> Middle	<input type="text"/> Last	<input type="text"/> Religious Affiliation	
Home Address: <i>If different from above.</i>	<input type="text"/> Street Address			<input type="text"/> Apt. No.	
	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip		
Contact Info:	<input type="text"/> Telephone		<input type="text"/> Email Address		

Baptism Information

Name of Church:	<input type="text"/> Name of Church	<input type="text"/> Denomination	
Home Address:	<input type="text"/> Street Address (if available)	<input type="text"/> Date	
	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip

Confirmation Information

For those requesting Reception or Reaffirmation

Name of Church:	<input type="text"/> Name of Church	<input type="text"/> Denomination	
Home Address:	<input type="text"/> Street Address (if available)	<input type="text"/> Date	
	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip

Logistical Information

To be completed by clergy/office.

Preferred Date:	<input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year	<input type="text"/> Service Time
Bishop:	<input type="text"/> Name and Title			
Location:	<input type="text"/> Church or Cathedral			
Comments:	<input type="text"/>			
Presenter:	<input type="text"/> Print Name	<input type="text"/> Title	<input type="text"/> Signature	<input type="text"/> Date