



Holy Trinity Episcopal Church

CONFIRMATION / RECEPTION / REAFFIRMATION INFORMATION FORM

Please Circle One: Confirmation Reaffirmation Reception

Full Name _____ Male/Female

Address _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Date of Birth _____ Current Age _____

Place of Birth _____

Date of Baptism _____ Denomination _____

Name of Church _____ City & State _____

If Previously Confirmed, Date of Confirmation _____ Denomination _____

Name of Church _____ City & State _____

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Date of Confirmation / Reception / Reaffirmation _____ Time: _____

Presented By: _____

Bishop Presiding _____