

PRESENTED FOR CONFIRMATION | RECEPTION | REAFFIRMATION | BAPTISM

(Please have this form in the Bishop's office not later than one week following the visitation)

CONGREGATION

CITY & STATE

DATE _____ PRESENTER _____

CONFIRMING BISHOP

	NAME		Birth	Gender	Birth	Denomination
Last *(Maiden)	First	Middle	Date	M/F	Place	of Baptism
PRESENTED	FOR CONF	TRMAT	ION	Totals	Female	Male
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NAME		Birth	Gender	Birth	Denomination	
Last *(Maiden)	First	Middle	Date	M/F	Place	of Baptism
CONFIRMAT	'ION continu	ied				



	JAME		Birth	Gender	Birth	Denomination
Last *(Maiden)	First	Middle	Date	M/F	Place	of Baptism
PRESENTED FOR RECEPTION			Totals	Female	Male	



	NAME		Birth	Gender	Birth	Denomination
Last *(Maiden)	First	Middle	Date	M/F	Place	of Baptism
PRESENTED I	FOR REAF	FIRMAT	ION	Totals	Female	Male
PRESENTED I	FOR BAPT	ISM		Totals	Female	Male