



Episcopal Diocese of the Central Gulf Coast

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PRESENTED FOR CONFIRMATION

(Please have this form in the Bishop's office no later than one week after Confirmation)

CONGREGATION _____ FEMALES

CITY & STATE _____

DATE _____ PRESENTER _____ MALES

CONFIRMING BISHOP _____

Last *(Maiden)	NAME		Birth Date	Gender M/F	Birth Place	Denomination of Baptism
	First	Middle				
PRESENTED FOR RECEPTION					Females ____ Males ____	
PRESENTED FOR BAPTISM					Females ____ Males ____	

* Please include the maiden name of married women in parentheses. Ex: Smith, (Brown) Mary Ellen rev 01/14