The Episcopal Diocese of the Central Gulf Coast

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 Last *(Maiden) First Middle	Birth Date	Birth Place	Denomination of Baptism
PRESENTED FOR CONFIRMATION	**Total Confirmations:** 0		

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

rev 01/26

The Episcopal Diocese of the Central Gulf Coast

NAME Last *(Maiden) First Middle	Birth Date	Birth Place	Denomination of Baptism
PRESENTED FOR CONFIRMATION			

The Episcopal Diocese of the Central Gulf Coast

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 Last *(Maiden) First Middle	Birth Date	Birth Place	Denomination of Baptism
PRESENTED FOR RECEPTION	**Total Receptions:** 0		

The Episcopal Diocese of the Central Gulf Coast

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 Last *(Maiden) First Middle	Birth Date	Birth Place	Denomination of Baptism
PRESENTED FOR REAFFIRMATION	**Total Reaffirmations:** 0		
PRESENTED FOR BAPTISM	**Total Baptisms:** 0		