

Holy Trinity Episcopal Church
Form for
Confirmation or Reception or Reaffirmation

Name _____

Address _____

Email _____

Phone _____ cell / home ? (circle one)

Date of birth ____ / ____ / _____

Place of birth _____

Date of baptism (year is sufficient) _____

Location of baptism - church and town/state

If previously confirmed, indicate the date (year is sufficient) _____

Church where confirmed (denomination, church name, town/state)

Presenter(s): _____

Please indicate one:

1/18/2015

Confirmation

Reception

Reaffirmation

Please email your completed form to office@holytrinitydickinson.org