

# ❖ Confirmation ❖

Application / St. Andrew's Episcopal Church, New Providence, NJ 07974 908 464-4875

Date of Application \_\_\_\_\_ 20 \_\_\_\_

Full Name \_\_\_\_\_ Sex \_\_\_\_\_

Residence \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Parents' Residence \_\_\_\_\_  
\_\_\_\_\_

Religious Affiliation of Parents \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Place of Birth \_\_\_\_\_

Date of Baptism \_\_\_\_\_

Name of Church Where Baptized \_\_\_\_\_

Place of Baptism \_\_\_\_\_

In What Denomination \_\_\_\_\_

Date of Confirmation \_\_\_\_\_ Hour \_\_\_\_\_

Place of Confirmation \_\_\_\_\_

Presented By \_\_\_\_\_

Bishop Confirming \_\_\_\_\_

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return to St. Andrew's Episcopal Church, New Providence, NJ 07974