

Request for Confirmation/Reception/ Reaffirmation Form

St. Martin-in-the-Fields Episcopal Church

Today's date _____

Name _____
first middle last

Address _____
street city, state zip code

email _____ phone _____

Date of birth _____ Place of birth (city, state) _____
mo/day/year

Date of baptism _____ Denomination _____
mo/day/year

Church _____
name of church city state

Date of confirmation _____ Denomination _____

Church _____
name of church city state

I would like to:

_____ be confirmed

_____ be received

_____ reaffirm my vows