

# CERTIFICATION OF CONFIRMATION & RECEPTION

**Please complete this form at the service and have the Bishop sign it.  
After the service, mail it to the Episcopal Church in Minnesota**

Date of Liturgy \_\_\_\_\_ Place of Liturgy \_\_\_\_\_

Presenters \_\_\_\_\_ Town \_\_\_\_\_

Congregation \_\_\_\_\_ City \_\_\_\_\_

Number Confirmed \_\_\_\_\_ Number Received \_\_\_\_\_

Name in Full	C or R	Date of Birth	Baptized Denomination

- Please give Christian/surnames in full.
- Please do not list the names of reaffirmations or baptisms on this form or in your Book of Records.
- Please be sure the Bishop signs your Book of Records following the celebration.

**Signature of Bishop** \_\_\_\_\_

Please return to:  
**Sara Cadiz**  
Missioner for the Bishop  
1730 Clifton Place, Suite 201  
Minneapolis, MN 55403