

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 service _____ Location of service (include church name & city) _____

Presenters _____ Number Confirmed _____ Number Received _____

Faith Community _____ Faith Community City _____

| Name in Full | C or R | Date of Birth | Baptized Denomination | Phone Number (If minor parents #) | Mailing Address |
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- 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.
- Please return to: Jessica Ricardo, Missioner for the Bishop @ jessica.r@episcopalmn.org or 1101 W. Broadway Ave, Minneapolis, MN 55411

Signature of Bishop _____