



THE CHURCH OF THE
GOOD SHEPHERD



Confirmation/Reception/Reaffirmation

Date of Application_____

Full Name_____ Gender_____

Residence_____

Telephone_____ Email_____

Father's Full Name_____

Mother's Full Name_____

Date of Birth_____ Age_____

Place of Birth_____

Date of Baptism_____

Place of Baptism_____

In What Denomination_____

Date of Previous Confirmation_____

Place of Previous Confirmation_____

Do you want to be _____ Confirmed _____ Received _____ Reaffirmed?

Remarks/Notes:_____
