



ST. PHILIP'S EPISCOPAL CHURCH

Confirmation

Both the Diocese of Virginia and St. Philip's need information by those being confirmed for our records. Please fill out the following information and return it to the church office.

Date of Application: _____

Full Christian Name	
Last Name	
Telephone #	
E-mail	
Date of Birth	
Place of Birth	
Date of Baptism	
Place of Baptism	
Previous Religious Affiliation	
Church or Domination of Baptism	

MENTOR/SPONSOR

1. Name: _____

Address: _____

2. Name: _____

Address: _____

FOR OFFICE USE ONLY

Date of Confirmation: _____ at St. Philip's Episcopal Church Richmond, Virginia.

Bishop: _____ Presenting Priest _____