

Leave this side blank

Episcopal Church in Connecticut Persons
Confirmed and Received

Year of Confirmation _____

The Rt. Rev. _____

Church (Sponsor) _____

Town (Sponsor) _____

Location of Confirmation (church/town) _____

Date of confirmation _____

Please type full Baptismal name, not just initials,
indicating which people are Confirmed or Received

<u>Name</u>	<u>Confirmed / Received</u>
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Signature: _____ Date _____

Rector or Priest in Charge will sign and date

Return form to the Bishop's Office via email at ahollo@episcopalct.org

Print, sign & send original to: ECCT, ATTN: Confirmation Log

290 Pratt Street, Box 52, Meriden, CT 06450

Please type full Baptismal name, not just initials,
indicating which people are Confirmed or Received

Name _____ Confirmed / Received

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