

*The Episcopal Church of the Holy Spirit*  
Dripping Springs, Texas

# Confirmation

Please fill out the following information and return to the church office.

Date of Application \_\_\_\_\_, 2005

Full Name: \_\_\_\_\_ Sex: M / F

Residence: \_\_\_\_\_

Telephone: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

Parents' Residence: \_\_\_\_\_

Religious Affiliation of Parents: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Place of Baptism: \_\_\_\_\_

Baptism Church: \_\_\_\_\_

Baptism Denomination: \_\_\_\_\_

Date of Confirmation: \_\_\_\_\_ Hour: \_\_\_\_\_

Presented By: \_\_\_\_\_

Bishop Confirming: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_