HOLY SPIRIT
EPISCOPAL CHURCH AND SCHOOL

Dripping Springs, Texas

Confirmation

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

Date of Application_____

Full Name: _____ Sex: M / F

Residence: _____

Telephone: _____

Date of Birth: _____ Age: _____

Place of Birth: _____

Date of Baptism: _____

Place of Baptism: _____

Baptism Church: _____

Baptism Denomination: _____

For Office Use

Date of Confirmation: _____ Hour: _____

Presented By: _____

Bishop Confirming: _____

Remarks: _____