Confirmation/Reception List

Return this form to Bishop Duncan's office the week following a service of confirmation or reception.

CHURCH*_____ CITY:_____ RECTOR:_____

DATE: _____ BISHOP (if other than Duncan):_____

*For those who have come for confirmation or reception from another parish, please note their home parish with their name below.

NAME OF THE PERSON CONFIRMED OR RECEIVED	CONFIRMED OR RECEIVED (Please circle one.)	AGE	DENOMINATION OF BAPTISM	DATE (if known)
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