

# CERTIFICATION OF CONFIRMATION & RECEPTION

Please complete this form and return it to the visiting Bishop following the service or mail it to the Episcopal Center.

(Please Print)

Date of Liturgy \_\_\_\_\_ Place of Liturgy \_\_\_\_\_

Presenters \_\_\_\_\_ Town \_\_\_\_\_

Congregation \_\_\_\_\_ City \_\_\_\_\_

Number Confirmed \_\_\_\_\_ Number Received \_\_\_\_\_

Name in Full	C/R	Date of Birth	Baptized Denomination

- Please give Christian/surnames in full.
- Please do not list the names of reaffirmations or baptisms on this form or in your Book of Records.
- Please be sure the Bishop signs your Book of Records following the celebration.

Signature of Bishop \_\_\_\_\_

Return to: Karen Olson, The Episcopal Center,  
1730 Clifton Place, Suite 201, Minneapolis, MN 55403-3242  
or [karen.o@episcopalmn.org](mailto:karen.o@episcopalmn.org)