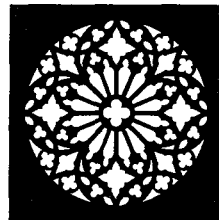


APPLICATION FOR CONFIRMATION,
RECEPTION OR REAFFIRMATION

(Please specify which one)



The
Cathedral
Church
of Saint John
the Divine

1047 Amsterdam Ave.
at 112th Street
New York, New York
10025

I want to be (check only one):

- Confirmed
 Received into the Episcopal Church
 Reaffirm my Baptismal Vows

Full Name _____ Sex: _____
(no initials)

Address _____
(street) (apt. no)

(city) (state) (zip code)

Telephone: Daytime _____ Evening _____

Date of Birth : _____ Place _____

Date of Baptism: _____ Place _____

What Denomination? _____ Diocese _____

SPONSORS

1. Name _____

Address _____

2. Name _____

Address _____

FOR THOSE BEING RECEIVED

Date of Confirmation _____ Place _____

What Denomination? _____ Diocese _____

Date, Place & Denomination of Baptism _____

Name of Presenter _____ Parish _____