

Youth Confirmation Registration

Trinity Cathedral 1100 Sumter Street Columbia, SC 29201

FULL NAME _____

Name you are called by _____ Gender M F

Address _____
Street City State Zip

Home Phone _____ Email _____

Parents' Names _____

Date of Birth _____ Place of Birth _____
Month/Day/Year

Date of Baptism _____
Month/Day/Year

Church where baptized _____
Name of Church City State

I desire to make a mature public affirmation of my faith and commitment to the responsibilities of my Baptism and to receive the laying on of hands by the Bishop.

Signature _____ Date _____