

Christ Episcopal Church
Toms River, New Jersey

Confirmation/Reception Information
(Please print clearly)

Complete Name: _____

Maiden Name if applicable: _____

Parents Complete names (if you are under 18): _____

Address: _____

Home Phone# _____ Cell Phone # _____

Email Address: _____

Date of Birth: _____ Current Age: _____

Place of Birth(City and State) _____

Date of Baptism(Month, Date and Year) _____

Name of Church where you were Baptized _____

Denomination of Church where you were Baptized _____

City and State where you were Baptized _____

Please check one:

_____ I am being confirmed in the Episcopal Church

_____ I have been confirmed in another denomination, I am being received into the Episcopal Church

I was confirmed on (date) _____ Denomination _____

Church Name, City, State where I was confirmed _____

Signature

Date

** Returned this completed form to Christ Episcopal Church 415 Washington Street, Toms River, NJ
08753 Attention: Denise Szczerba, Christian Education Director