



# Application for Confirmation, Reception, or Reaffirmation

## ST. PATRICK'S EPISCOPAL CHURCH

4755 North Peachtree Road, Atlanta, Georgia 30338  
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|                                    |  |        |         |         |  |
|------------------------------------|--|--------|---------|---------|--|
| Date of Application:               |  |        |         |         |  |
| Full Name:                         | Last:  | First: | Middle: | Maiden: |  |
| Address:                           |  |        |         |         |  |
| Phone:                             | Home:  | Work:  | Cell:   |         |  |
| Email:                             |  |        |         |         |  |
| Date of Birth:                     |  |        |         |         |  |
| Place of Birth:                    | City:  |        | State:  |         |  |
| Father's Full Name:                |  |        |         |         |  |
| Mother's Full Maiden Name:         |  |        |         |         |  |
| Baptism Date:                      |  |        |         |         |  |
| Baptism Denomination:              |  |        |         |         |  |
| Baptism Type:                      | <input type="checkbox"/> Infant <input type="checkbox"/> Adult |        |         |         |  |
| Baptism Church:                    | Name:  |        | City:   | State:  |  |
| Confirmation Date (if applicable): |  |        |         |         |  |
| Confirmation Denomination:         |  |        |         |         |  |
| Confirmation Church:               | Name:  |        | City:   | State:  |  |

*For Office Use Only*

Date Confirmed \_\_\_\_\_

Removed from Baptized Persons Record    Date: \_\_\_\_\_

Entered in The Church Register    Date: \_\_\_\_\_

Entered in ACS    Date: \_\_\_\_\_