

**St George's Episcopal Church  
Youth Confirmation Form**

PLEASE PRINT CLEARLY

Date of Application \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City, Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_

Parents Names \_\_\_\_\_

\_\_\_\_\_

Date of Birth (m/d/yy) \_\_\_\_\_

Place of Birth \_\_\_\_\_

Date of Baptism (m/d/yy) \_\_\_\_\_

Name of Church, City & State where baptized

\_\_\_\_\_

In what denomination \_\_\_\_\_

Date of Confirmation: \_\_\_\_\_