Please return no later than Sunday, March 29.

Information Blank

Confirmation

DATE	JE APPLICATIO	'N		
FULL NAME			SEX	
FULL NAME				
RESIDENCE			Al-1 - 11-51 - 12-1	
TELEPHONE				
FATHER'S FULL NAME			3	_
MOTHER'S MAIDEN NAME.			7	_
PARENTS' RESIDENCE		WI,		_
RELIGIOUS AFFILIATION O	F PARENTS			_
DATE OF BIRTH			AGE	-
PLACE OF BIRTH				_
DATE OF BAPTISM				_
NAME OF CHURCH				
PLACE OF BAPTISM				
N WHAT DENOMINATION) ===:
DATE OF CONFIRMATION				-
PLACE OF CONFIRMATION_				
PRESENTED BY Sara M. G		_		er
sishop confirming The	. Rt. Rev. (Susan E	Goff	
EMARKS	*****			£