



**ST. PETER'S**  
**EPISCOPAL CHURCH**  
Greenville, South Carolina

## CONFIRMATION

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

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

Residence \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

Date of Baptism \_\_\_\_\_

Name of Church & Place of Baptism \_\_\_\_\_

In What Denomination \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Residence \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Residence \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Religious Affiliation of Parents (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

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

Place of Confirmation \_\_\_\_\_

Bishop Confirming \_\_\_\_\_