



Confirmation Registration Form

Submit this form to Deidra Beaman E: dbeaman@dioceseli.org
F: (516) 746-6650; Mail: 36 Cathedral Avenue, Garden City, NY 11530

Confirmation Date :	
Sponsoring Clergy:	
Parish:	
Parish Mailing Address:	
Parish Phone Number:	
Parish E-mail Address:	
Time of Service:	
Location:	
Officiating Bishop:	

Please **type or clearly print** all information. For each candidate, check either: Confirmation (C), Reception (R), or Reaffirmation (RA). Total the C, R, and RA columns.

Name	Age	Address	Previous Ecclesiastical Connection	C	R	RA
				TOTALS:		

Use Additional Forms if Necessary.

IMPORTANT: Within ONE WEEK FOLLOWING THE SERVICE, PLEASE SIGN and RETURN this form.
For our official records, please confirm that these candidates were presented to the Bishop as listed above.

Sponsoring Clergy Signature: _____ Date: _____