

**Diocese of Western Michigan**  
**Report of Confirmation, Reception, and Reaffirmation**

Parish \_\_\_\_\_ City \_\_\_\_\_ Rector/Sr. Warden \_\_\_\_\_

Place of Service \_\_\_\_\_ Date of Service \_\_\_\_\_ Bishop The Rt. Rev. Robert R. Gepert

Number: Confirmed \_\_\_\_\_ Received \_\_\_\_\_ Reaffirmed \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** Two weeks prior to the service, copy and complete this form. Fax copies to both the deanery chairperson and the diocesan office. Following the service, review your copy for any changes and mail a hard copy to the diocesan office for the permanent file. Thank you.

<b>Please type or print all information</b>				<b>Confirmed, Received, Reaffirmed</b>
Full Christian Name	Church/Denomination Where Baptized	Baptismal Date	Sponsor/Presenter	
<b>1.</b>				
<b>2.</b>				
<b>3.</b>				
<b>4.</b>				
<b>5.</b>				
<b>6.</b>				

<b>Please type or print all information</b>  Full Christian Name	Church/Denomination Where Baptized	Baptismal Date	Sponsor/Presenter	<b>Confirmed, Received, Reaffirmed</b>
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