



Christ Church Episcopal Parish

Application for Confirmation
To occur in 2008

Candidate's Full Name _____

Male/Female (circle one) Date of Birth _____ City/State of Birth _____

Date of Baptism _____ Location/City of Baptism _____

Address of Candidate _____

Candidate's Phone Number _____

Primary E-mail address _____

Please return this form to Sarah Pons in person or via mail it to:

PO Box 447
Lake Oswego, Oregon 97034
Fax: 503-636-0384

**CLASSES BEGIN ONE MONTH BEFORE CONFIRMATION.
CONTACT JOANN LEACH FOR MORE INFORMATION.**

For Office Use Only

Date of Confirmation _____ Time/Service Held _____

Approved _____