THE EPISCOPAL CHURCH IN NORTHERN ILLINOIS

DIOCESE OF CHICAGO

Presented for Confirmation, Reception and Reaffirmation **Officiating Bishop:** _____

from _____
Church Name City

If confirmation is not at above listed Church, indicate _____
Church Name City

Date of Service _____ **, 20** _____ # Confirmed _____ # Received _____ # Reaffirmed _____ TOTAL _____

Rector, Vicar, or Priest-in-Charge _____
Name *(please print)* Signature

Please type or write all names plainly. Use additional pages as necessary. *(Check one below)*

NAME First Middle Last	AGE	CHURCH OR DENOMINATION OF BAPTISM	PREVIOUS RELIGIOUS AFFILIATION	CONFIRM	RECEIVE	REAFFIRM

Please return completed form to: The Bishop's Office, 65 East Huron Street, Chicago, Illinois 60611

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from _____ Date _____
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(*Check one below)*

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