THE EPISCOPAL DIOCESE OF IOWA

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**_____

ADULTS (age 16 and above) # Confirmed:_____# Received:_____# Reaffirmed:_____TOTAL: _____

CHILDREN (under age 16) # 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	DOB	PLACE OF BIRTH	CHURCH (TEC/LOC) OR DENOMINATION OF BAPTISM	CONFIRM	RECEIVE	REAFFIRM

Please return completed form to: Office of the Bishop, 225-37th Street, Des Moines IA 50312