

Mail to: The Diocese of Mississippi  
P. O. Box 23107  
Jackson, MS 39225-3107

# REPORT OF CONFIRMATIONS

Name of Presenter \_\_\_\_\_ Bishop Confirming \_\_\_\_\_

Presenting Congregation \_\_\_\_\_ City \_\_\_\_\_ Bishop of \_\_\_\_\_

Place of Confirmation \_\_\_\_\_ Date \_\_\_\_\_

Full Name (Last, first, middle & maiden if married)	Date of Birth	Place of Birth	Date of Baptism	Place of Baptism	Former Religious Affiliation	Check if Received
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

\_\_\_\_\_  
Signature of Presenter

\_\_\_\_\_  
Signature of Bishop