

**ST. MARK'S EPISCOPAL CHURCH**  
102 N. 9TH STREET • HAINES CITY, FL 33845 • 863-422-1416

**CONFIRMATION APPLICATION FORM**

DATE \_\_\_\_\_

FULL NAME \_\_\_\_\_ GENDER \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PH \_\_\_\_\_ CELL PH \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_

MOTHER'S FULL NAME \_\_\_\_\_

RELIGIOUS AFFILIATION OF PARENTS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CURRENT AGE \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

DATE OF BAPTISM \_\_\_\_\_

NAME OF CHURCH & PLACE OF BAPTISM \_\_\_\_\_

IN WHAT DENOMINATION \_\_\_\_\_

DATE OF CONFIRMATION \_\_\_\_\_ HOUR \_\_\_\_\_

PLACE OF CONFIRMATION \_\_\_\_\_

PRESENTED BY \_\_\_\_\_

BISHOP CONFIRMING \_\_\_\_\_

REMARKS \_\_\_\_\_

*Please return your completed form to  
the Parish Administrator, Mrs. Sylvia Ellis.*





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