

REPORT OF PERSONS CONFIRMED BY THE BISHOP OF WESTERN MASS.
(As listed in your Parish Register)

Clergy: please return this form as soon as possible after the service. It may be returned electronically or via mail.

Church: _____

Town: _____ Date: _____

Confirmation held at

Church

Town

Was this an Regional Confirmation: no

Please write full Christian name (no initials)

Confirmed (under 16 yrs.)

Adults confirmed (over 16 yrs.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Persons Received

Persons Re-affirmed

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Rector, Vicar, Priest-in-Charge

Date Signed