CONFIRMATION CANDIDATE FORM:

Diocese of Kootenay

1876 Richter St.
Kelowna, BC V1Y 2M9
Ph: (250) 762-3306
Fax: (250) 762-4150

To be sent to the Synod Office 20 days prior to the Confirmation Service

Name of Church: _____

Address: _____

Incumbent: _____

Date of Service: _____

List of Confirmation Candidates: **PLEASE ENSURE THAT CANDIDATES' NAMES ARE SPELLED CORRECTLY**

Family name	Christian names	Age	Sex	Date of birth Day/Mon/Yr	Baptism		
					Date of baptism	Name and address of church	Full name of priest who presided at baptism