

# Emmanuel Episcopal Church

700 Cumberland St. \* Bristol, Virginia \* 24201

## YOUTH CONFIRMATION FORM

Confirmation Date: \_\_\_\_\_

Full Name \_\_\_\_\_ Male Female

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_  
Birthday Birth Place

\_\_\_\_\_  
Age Grade

\_\_\_\_\_  
Father's Full Name

\_\_\_\_\_  
Mother's Full Name

\_\_\_\_\_  
Address if different than above

### CHURCH AFFILIATION

\_\_\_\_\_  
Baptism Date

\_\_\_\_\_  
Name of Church

\_\_\_\_\_  
City / State of Church

\_\_\_\_\_  
Religious Background    Episcopalian    Methodist    Presbyterian    Roman Catholic    Other

### CONFIRMATION SPONSORS (optional)

\_\_\_\_\_  
1) Full Name Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
2) Full Name Phone

\_\_\_\_\_  
Address

### BAPTISMAL GODPARENTS

\_\_\_\_\_  
1) Full Name Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
2) Full Name Phone

\_\_\_\_\_  
Address

**► Please Return This Completed Form to  
Attn: Kristi Faylor, Parish Administrator, 700 Cumberland St. Bristol, VA 24201**