



SAINT TIMOTHY'S EPISCOPAL CHURCH

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Adult Confirmation Candidate Registration Form

Candidate Information:

Full Name: _____

Date of Birth: _____

Place of Birth: _____

Date of Baptism: _____

Place of Baptism: _____

Address: _____

E-mail address: _____

Phone number: _____

I would like to be presented for:

- Confirmation
- Reception
- Reaffirmation

Signature: _____

Please be aware that all information is kept confidential, unless otherwise requested.