

*Church of the Spirit*  
**Kingstowne Community Church**



### Request for Confirmation

Please fill in this form and give to one of the Pastors

Prior to being confirmed by our Bishop you will need to attend one of our membership workshops, which are always scheduled prior to the Bishop's visit. For more information about this please see our brochure called "Confirming your faith".

## Confirmation

Full Name \_\_\_\_\_

Residence \_\_\_\_\_ Age \_\_\_\_\_

Contact Numbers \_\_\_\_\_

Religious Background \_\_\_\_\_ B  C  C

Date of Birth \_\_\_\_\_ Place \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Place \_\_\_\_\_

Date of Service \_\_\_\_\_ Place \_\_\_\_\_

Sponsors \_\_\_\_\_

Service Notes: