



St. Alban's Parish

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Application for Confirmation Reception Reaffirmation

Full name of Candidate _____ Current age _____

Date of birth _____ Place of birth (city/state/country) _____

Married Never married Widow Widower Divorced

Maiden name _____ Spouse's name _____

Home address _____ City _____

State _____ Zip code _____ Fax number _____

Home phone _____ Work phone _____

Email #1 _____ Email #2 _____

Full name of Candidate's father _____

Full name of Candidate's mother _____

Baptismal date _____ Church _____
or approximate date

City _____ State _____ Denomination _____

If Confirmed give, Confirmation date _____ Church _____
or approximate date

City _____ State _____ Denomination _____

***I wish to make a mature public affirmation of my faith
and commitment to the responsibilities of my Baptism by:***

CONFIRMATION on _____ at _____ o'clock at the Washington
date time
National Cathedral in Washington, DC.

RECEPTION into the Episcopal Church on _____ at _____ o'clock
date time
at the Washington National Cathedral in Washington, DC.

REAFFIRMATION of Baptismal Vows on _____ at _____ o'clock
date time
at the Washington National Cathedral in Washington, DC.

Please complete and return to Eric Gustafson, Director of Parish Administration, by above address, fax or email.