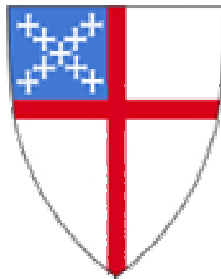


REPORT OF CONFIRMATION, RECEPTION, REAFFIRMATION

Episcopal Diocese of Washington

CHURCH NAME _____
PARISH NAME _____
LOCATION _____
DATE OF SERVICE _____



Signature of minister presenting candidates

NO. OF CONFIRMATIONS..... _____
NO. OF RECEPTIONS..... _____
NO. OF REAFFIRMATIONS..... _____
TOTAL..... _____



Complete the information on the next page.

