

**CONFIRMATION CANDIDATE FORM:**



*Diocese of Kootenay*

**#201 – 380 Leathead Road  
Kelowna, BC V1X 2H8  
Ph. (778) 478-8310  
admin@kootenay.info**

**To be sent to the Synod Office 20 days prior to the Confirmation Service**

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

Address: \_\_\_\_\_

Incumbent: \_\_\_\_\_

Date of Service: \_\_\_\_\_

**List of Confirmation Candidates:                      PLEASE ENSURE THAT CANDIDATES' NAMES ARE SPELLED CORRECTLY.**

					BAPTISM		
Family Name	Christian Names	Age	Sex	Date of Birth	Date of Baptism	Name & address of church	Full name of priest who presided at baptism
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							