



# SAINT PETER'S EPISCOPAL CHURCH

271 Roseland Avenue, Essex Fells, New Jersey 07021 • [stpetersef.org](http://stpetersef.org)

## CONFIRMATION CLASS REGISTRATION

Name: \_\_\_\_\_

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

\_\_\_\_\_

Email (s): \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_

I would like to be Confirmed  Received

Baptized?

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Where: \_\_\_\_\_

Confirmed?

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Where: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Baptized? Yes  No  Confirmed? Yes  No

Parent/Guardian Name \_\_\_\_\_

Baptized? Yes  No  Confirmed? Yes  No

Additional Information \_\_\_\_\_

\_\_\_\_\_

Please return to St. Peter's in person, via regular mail, or email [info@stpetersef.org](mailto:info@stpetersef.org)