2019 CONFIRMATION PARTICIPATION LIST

Congregation:	_ City:	Deanery:
Location of Celebration (if other than above)		Date:
Name of Bishop(s) confirming:	The service should	d be in English or Spanish?
Please complete and return this form <i>after the visitation</i> , Box 512164, Los Angeles, CA 90051-0164.	to the attention of Canon Gail Urquidi. Th	ne Cathedral Center of St. Paul, P.O.
PLEASE PRINT CLEARLY and use the fo	3	

First Name	Middle Name or Initial	Last name	C or R or A	Baptism Date <i>and</i> <i>Location</i>	Former Denomination

First Name	Middle Name or Initial	Last name	C or R or A	Baptism Date <i>and Location</i>	Former Denomination