2020 CONFIRMATION PARTICIPATION LIST

Congregation: _____ City: _____ Deanery: _____

Location of Celebration (if other than above) _____ Date: _____

Name of Bishop(s) confirming: _____ The service should be in English or Spanish? _____

Please complete and return this form *after the visitation*, to the attention of Canon Gail Urquidi. The Cathedral Center of St. Paul, P.O. Box 512164, Los Angeles, CA 90051-0164.

PLEASE PRINT CLEARLY and use the following abbreviations:
C = Confirm **R** = Receive **A** = Reaffirm vows

First Name	Middle Name or Initial	Last name	**C** or **R** or **A**	Baptism Date *and Location*	Former Denomination

First Name	Middle Name or Initial	Last name	**C** or **R** or **A**	Baptism Date *and Location*	Former Denomination