2025 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, St. Paul’s Commons, 840 Echo Park Avenue, Los Angeles, CA 90026 or aurquidi@ladiocese.org

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 |
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