



Good Samaritan Episcopal Church Confirmation Class Enrollment Form

Please fill out and return to the church office.

Full Name _____
(as it will appear on the Confirmation Certificate)

Parent's Names _____
Mother Father

Address _____

Phone Numbers _____
Home Cell Work

Email Addresses _____
Mother Father

Guardian _____
Confirmand

Sex _____ Age _____ Date of Birth _____

Grade in School _____ School Attending _____

Date of Baptism _____ Place of Baptism _____

*Those who are not baptized may be baptized on the day of confirmation
or on Pentecost Sunday.*

Date of Confirmation _____

Place of Confirmation _____

Officiant _____



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