

St. Andrew's Episcopal Church
Bryan, Texas 979-822-5176

Confirmation/Reception/Reaffirmation Registration

Please return this form by email to: office@standrewsbcs.org
or return mail to St. Andrew's Episcopal Church
217 W. 26th St. Bryan, TX. 77803 or fax 979-823-3874

Please **print** your information, making sure to include complete answers to all questions.

Given Name:

First _____ Middle _____

Maiden _____ Last _____

Address Information:

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____

Email address _____

Birth Information:

Gender _____ Date of Birth _____

Place of Birth _____
(City) (State)

Baptism Information:

Date of Baptism _____ Church _____

Place of Baptism _____
(City) (State)

Denomination you were baptized in _____

Confirmation Information: *(skip this section if you have never been confirmed)*

Date of Confirmation _____

Place of Confirmation _____
(City) (State)

Denomination you were confirmed in _____