



Confirmations in the Episcopal Diocese of West Texas

By the Rt. Rev. _____

At _____ Church, in _____ Texas,

on _____ in the year of our Lord _____ A.D.

**Presented by _____ whose title is _____, recorded
for entry in the Church Register.**

If not being confirmed, in the column to the left of the name, mark in the "R Column" "R" to be "received" by the Bishop without the "laying on of hands".

In the column * please show the latest previous church affiliation of a confirmand. Use symbols: E – Episcopal, B – Baptist, C – Disciples of Christ, CX – Church of Christ, L – Lutheran, M – Methodist, O – Orthodox, P – Presbyterian, R – Roman Catholic.

R	#	Full Name	Gender	Birth Date, City, ST	Baptism Date, Church, City, ST	*
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R	#	Full Name	Gender	Birth Date, City, ST	Baptism Date, Church, City, ST	*
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