



ST. GEORGE'S ANGLICAN CHURCH

CONFIRMATION APPLICATION FORM

P.O. BOX N-1103, NASSAU, THE BAHAMAS

(242) 322-1139 / (242) 325-8997

www.saintgeorgesbahamas.com

Surname: _____

Christian Name: _____

Middle Name (s): _____

Date of Birth: _____

Street Address: _____

P.O.Box: _____

Date of Baptism: _____

Church of Baptism: _____

Email Address: _____

Telephone: _____

School: _____

Principal: _____

God Parents / Sponsors: _____

PARENTAL INFORMATION

Father's Surname: _____

First Name: _____

Place if Business: _____

Home Phone: _____

Business Phone: _____

Mobile: _____

Email Address: _____

Mother's Surname: _____

First Name: _____

Place if Business: _____

Home Phone: _____

Business Phone: _____

Mobile: _____

Email Address: _____