



## CONFIRMATION/RECEPTION APPLICATION FORM

FULL NAME OF PERSON TO BE CONFIRMED/RECEIVED \_\_\_\_\_

GENDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_  
(City / State)

DATE & PLACE OF BAPTISM \_\_\_\_\_

PARENT NAME (OR SELF) \_\_\_\_\_

MEMBER OF CHRIST CHURCH OF THE ASCENSION? \_\_\_\_\_ YES \_\_\_\_\_ NO

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

PARENT NAME (if applicable) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

SPONSOR'S NAME \_\_\_\_\_

DATE REQUESTED FOR CONFIRMATION/RECEPTION \_\_\_\_\_

For more information, please call 602-840-8210 or email [info@ccaaz.org](mailto:info@ccaaz.org).

**PLEASE RETURN COMPLETED FORM WITH A COPY OF YOUR BAPTISM CERTIFICATE:**

email to [info@ccaaz.org](mailto:info@ccaaz.org); mail to Parish Administrator, Christ Church of the Ascension, 4015 E. Lincoln Drive, Paradise Valley, AZ 85253; or FAX to 602-840-4079.