



SAINT PETER'S EPISCOPAL CHURCH

271 Roseland Avenue, Essex Fells, New Jersey 07021 • stpetersef.org

CONFIRMATION CLASS REGISTRATION

Name: _____

Address: _____

Email (s): _____

Cell phone: _____ Home: _____

Date: ____/____/____ Age: ____ Today's date ____/____/____

I would like to be Confirmed Received

Baptized?

Date: ____/____/____ Where: _____

Confirmed?

Date: ____/____/____ Where: _____

Parent/Guardian Name _____

Baptized? Yes No Confirmed? Yes No

Parent/Guardian Name _____

Baptized? Yes No Confirmed? Yes No

Additional Information _____

Please return to St. Peter's in person, via regular mail, or email info@stpetersef.org