

DIOCESE OF CENTRAL FLORIDA

List of persons Confirmed, Received or Reaffirmed

Bishop: _____

Church: _____

City: _____

Presented by: _____

Date: _____

If presented by a different parish: _____

PLEASE PRINT

Last Name	First Name	Age	Religious Background	Confirmed, Received, Reaffirmed

**Please complete after the Visitation and return to the Bishop's Office.
Thank you**