



St. Martin in the Fields

EPISCOPAL CHURCH

Reaffirmation/Reception Information Form

I wish to . . .

- be received by the Episcopal Church.
- reaffirm my faith publicly in the Episcopal Church.

Full Legal Name

[as it will appear on your reaffirmation/reception certificate]: _____

Gender, or, Preferred Gender Pronouns: _____

City and State of Birth: _____

Date of Birth: _____

Place of Baptism: _____

Date of Baptism: _____

Place of Confirmation: _____

Date of Confirmation: _____



Tell us a little about yourself. This brief bio will be featured in the church's e-news in the week of your reaffirmation/reception. Please email a headshot to communications@stmartins.org to be featured with your brief bio.

