RECEPTION REPORT

DIOCESE OF DALLAS

_____, 20____
(Date of Service)

The Right Reverend _____
(Officiating Bishop)

Reverend Father in God, I present to you these persons who have previously received the Sacrament of Confirmation, and who desire to be Received into this Communion:

(Signed) _____

Rector or Minister in Charge of _____ Church

in the City/Town of _____, Diocese of Dallas

No.	FULL NAME:	Previous religious connection	AGE:

Carbonless paper, please retain copy for your file.