

CONFIRMATION REGISTRATION
(Please PRINT CLEARLY)

GRADE _____ SCHOOL _____

FULL LEGAL NAME _____
First Middle (full) Last

FULL ADDRESS _____

DATE OF BIRTH _____ PLACE OF BIRTH _____
City/State

DATE OF BAPTISM _____

PLACE OF BAPTISM _____
Church City/State

CHURCH: Christ Lutheran (circle) OTHER: _____

6th/7th/ 8th GRADE STUDENTS: Would you like to serve as Acolyte? (circle one) YES NO

PARENT'S NAME(S) _____

PARENT'S CELL PHONE(S) _____

BEST CONTACT PHONE _____

BEST CONTACT EMAIL _____

7th/8th GRADE STUDENTS ONLY: Need Saturday Class? (circle one) YES NO

SPECIAL CIRCUMSTANCES _____
