

CONFIRMATION REGISTRATION(Please print)

GRADE _____ CONGREGATION AFFILIATION: Christ Lutheran or _____

FULL (LEGAL) NAME _____
First Middle LastADDRESS _____
Street Town Zip CodeHOME PHONE NUMBER _____
Area Code NumberDATE OF BIRTH ___/___/___ PLACE OF BIRTH _____
MM DD YY City StateDATE OF BAPTISM ___/___/___ PLACE OF BAPTISM _____
MM DD YY Church City State

PARENT'S NAME(S) _____

PARENTS' EMAIL _____

SPECIAL CIRCUMSTANCES _____

FOR OFFICE USE ONLY**Envelope #** _____**Fees** _____**Certificate** _____**Prayer Book** _____**Cross** _____**Height** _____ (for confirmation robes)**Membership Card** _____**PC+** _____**Red Book** _____**New Member List** _____**Memory Verse** _____ **version** _____