

Confirmation Registration

St. Paul's Lutheran Church

Please complete all information as requested. It will be used to insure accuracy of our Baptismal/Confirmation records. Further, the contact information will be used to insure sharing of pertinent information with both the confirmands **and** the parents/guardians; and finally, to contact you in the case of emergency.

Student: _____

Nickname: _____

Birthdate: ____/____/____

School: _____

Home Address: _____

Home Phone: (____) ____ - ____

Cell: (____) ____ - ____ (optional)

Email Address: _____ (optional)

Baptismal Date: ____/____/____ (month/day/year) (if unknown, at least, year)

Church where Baptized _____

(include city & state) _____

Parents/Guardians (if same as student, enter "same")

#1 Name: _____ Email: _____

Home Address _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

#2 Name: _____ Email: _____

Home Address: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Medical Information:

(Are there medical conditions or allergies?)

Do you, the parent/guardian grant permission for a photo image that includes this student to be published within church communications including, but not limited to brochures, flyers, website, social media and emails.

Yes _____

No _____