

Trinity Lutheran Church A congregation of the ELCA

Confirmation 2022-2023 Registration

Student Name					
	(First)	(First) (Middle)		(Last)	
Address					
	(Street)		(P. O. Box if	applicable)	
_	(City)	(State)	(Zip)		
Phone Numbers	(Home)		(Student Cell & Car	rier)	
	(Parent 1 Cell & Car	 rier)	(Parent 2 Cell & Ca	rrier)	
Email Address		·			
	(Parent 1)		(Student)		
Extracurricular Activities (please denote "season"					
Birth Information	(Date of Birth)		(City, State)		
Baptism Information	(Butte of Birth)		(city, state)		
	(Date)	(Church)	(City, State)		
Parents' Church Membe	rship Trinity	Other			
Parents' Names an	nd address if different tha	ın student's above			
Concerns or Special Requ	uests				
Have you taken a First Co	ommunion Course?	Yes	No		
Have you received a Con	firmation Bible from Trir	nity? Yes	No		
Student S	ignature dat	 te Par	ent Signature	date	