*Confirmation Ministry*

Registration Form

Kountze Memorial Lutheran Church

Please fill out with the information requested; **printing is appreciated!**

1. Full Name:

2. Mailing Address:

3. Telephone: (Home): (Cell):

4. Date of Birth:

5. Place of Birth:

6. Parent’s Names:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Date of Baptism:

8. Place of Baptism:

9. Baptismal Sponsors:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. School currently attending:

11. Where else have you lived?

12. What activities are you involved in (school, church, other)?

13. Other information you’d like to share, such as confirmand’s/parent’s cell phone numbers:

14. E-mail addresses: (Parents):

(Confirmand):