CONFIRMATION REGISTRATION FORM

Confirmands Full Name: _____
First Middle Last

Member of Silverdale Lutheran Church: _____ Yes ___No

If no, what church are you a member of: _____

_____
City State

Have you been Baptized: ___Yes _____
Congregation

_____
City State Date

Date of Birth: _____ City & State _____

Parents Names: _____ _____
Father Mother

Home Phone: _____ Parent Work Phone: _____

_____
Cell Phone

Mailing Address: _____

_____
City State Zip

What Grade are you in: _____ School: _____

Email for Student: _____

Email for Parent: _____