

Trinity Lutheran Church, Vermillion

Confirmation Registration Information

Please provide the following information and return to Pastor or bring it to the orientation.

Student's Full Name: _____

Date of Birth: _____

Place of Birth: _____

Date of Baptism: _____

Church where Baptized: _____

Baptismal Sponsors: _____

Parent's Names: _____

Address: _____

Phone Number: _____ Cell Phone: _____

Email Address: _____