

Trinity Lutheran Church Confirmation Record Form

Information Form – Due by March 27

Please **PRINT** clearly and complete the form as fully as possible.

Confirmand's name as you wish it to appear on their certificate:

First *Middle (not initial)* *Last*

Address _____
Street *City* *Zip*

Phone _____

Birth Date _____ **Birth Place** _____
Month / Day / Year *City / State*

Baptism Date _____ **Pastor** _____
Month / Day / Year

Baptism Place _____
Church *City / State*

Godparents _____

Father's Name _____
First *Middle* *Last*

Address _____
Street *City* *Zip*

Phone _____

Mother's Name _____
First *Middle* *Last* *Maiden Name*

Address _____
Street *City* *Zip*

Phone _____

Faith Mentor _____

Confirmation Date _____ *5/1/22*

Confirmation Verse _____
confirm verse selection and translation (e.g. ESV, KJV, NASB, etc.)