



# St. James Lutheran Ministries

## Confirmation Registration

324 S. Andrews St • Shawano, WI • 54166 • 715-524-4815

### Student Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_ School:  St. James  SCMS

Baptized:  YES  NO Where Baptized: \_\_\_\_\_ Grade:  7<sup>th</sup>  8<sup>th</sup>

### Parent Information

Father's name: \_\_\_\_\_ Member:  YES  NO

Address: (If different from above) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Member:  YES  NO

Address: (If different from above) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### Informational needs

Family circumstances or medical needs/concerns: (Marital status of parents/ parental involvement, should both households be mailed information or communication to only mother/father, allergies, etc....)

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Why is Confirmation important to your family? How do you communicate your faith to your child?

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#### **PUBLICITY RELEASE:**

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(7<sup>th</sup> grade year) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(8<sup>th</sup> grade year) Signature: \_\_\_\_\_ Date: \_\_\_\_\_