

**first church of lombard  
united church of christ**

220 South Main Street Lombard, Illinois 60148  
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# 1<sup>st</sup> Year Confirmation Registration Form

Today's Date \_\_\_\_\_

Student's **Complete** Name \_\_\_\_\_  
(last) (first) (middle)

Name Student likes to be called \_\_\_\_\_ Student's e-mail \_\_\_\_\_

Student's Cell phone \_\_\_\_\_

Address \_\_\_\_\_  
(street) (town) (zip)

Home phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Father's Name \_\_\_\_\_ Father's e-mail \_\_\_\_\_

Father's Address (if different) \_\_\_\_\_  
(street) (town) (zip)

Father's Home Phone (if different) \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_

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Mother's Name \_\_\_\_\_ Mother's e-mail \_\_\_\_\_

Mother's Address (if different) \_\_\_\_\_  
(street) (town) (zip)

Mother's Home Phone (if different) \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_

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Is there any medical information about the student that we need to know? (use back of sheet if necessary)

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

Is there any other information we need to know? (use back of sheet if necessary) \_\_\_\_\_

\_\_\_\_\_