

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

220 South Main Street Lombard, Illinois 60148
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www.firstchurchoflombard.org

2nd 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 _____

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 _____

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 _____

Has this student been baptized? _____ If so, where? _____ When? (approx.) _____

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

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