

# CONFIRMAND INFORMATION SHEET

## TRINITY LUTHERAN CHURCH - DAVISON, MI

**Personal and Confidential:** *Please print or type*

Student's Name	First	Middle	Last
Address	Address	City, State	Zip
Date of Birth	Month/Day/Year		
Place of Birth	City	State	Hospital
Baptism:	Month/Day/Year	Church	City/State
Contact Info.	e-mail	Home Phone	Cell Phone
Father's Name	First	Middle	Last
Contact Info.	e-mail	Home Phone	Cell Phone
Mother's Name	First	Middle	Last
Contact Info.	e-mail	Home Phone	Cell Phone



## Trinity Lutheran Church

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