

# Confirmation Program 2017

## CONFIDENTIAL INFORMATION FOR OUR RECORDS

Trinity Lutheran Church  
1205 - 6th Street, Hudson, WI 54016  
715-386-9313

This information is needed for the Confirmation Certificates and our Data Base.  
Please return them to the church offices or the youth minister at your earliest convenience.

**Student's Full Name:** (First - Middle - Last) Please Print Clearly

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Date of Baptism:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Church:** \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_

**Mother's Full Name:** \_\_\_\_\_

**Mother's Maiden Name:** \_\_\_\_\_