

Zion Evangelical Lutheran Church
2800 Pershing Dr., El Paso, TX 79903

Confirmation Class Registration

Student Name _____

Birthdate _____ Year in School _____

Baptized No Yes Date: _____ Church: _____

Cell Phone # _____ Email _____

Home Phone # _____

Address _____

Preferred Contact: Text Email Call Facebook Other _____

Parent 1 Name _____

Baptized No Yes

Phone # _____ Email _____

Address (if different) _____

Preferred Contact: Text Email Call Facebook Other _____

Primary Contact for Confirmation Class Information?

Parent 2 Name _____

Baptized No Yes

Phone # _____ Email _____

Address (if different) _____

Preferred Contact: Text Email Call Facebook Other _____

Primary Contact for Confirmation Class Information?

Other /Step Parent/Guardian Name _____

Baptized No Yes

Phone # _____ Email _____

Address (if different) _____

Preferred Contact: Text Email Call Facebook Other _____

Primary Contact for Confirmation Class Information?