

Confirmation Member/Registration Information – 10/11 Class

First United Methodist Church
Brandon, FL 33510
(813) 689-4161

Please return this form to the church office by Sunday, August 15, 2010

*****PLEASE GIVE US THEIR FULL GIVEN NAME WHICH WE WILL USE FOR CONFIRMATION**

Name: _____
 First Middle Last

Nickname: _____

Address: _____
 Street Town Zip

Home Phone Number: _____ Parent Cell Number: _____

Student Email: _____ Parent Email: _____
 Parent Email: _____

Do you check your email frequently? _____

Do you both want to receive emails regarding Confirmation Class? _____

If no, then indicate which parent should get the emails _____

School Name: _____ Grade: _____

Date of Birth: _____ Place of Birth: _____

Father's Name: _____

Is he a church member? _____ What church? _____

Mother's Name: _____

Is she a church member? _____ What church? _____

Has the Confirmand been baptized (YES OR NO)? _____

If yes, Name of church _____

Address: _____

City & State _____

Please list your hobbies....things you enjoy doing!

