

# Confirmation Enrollment Form

Date: \_\_\_\_\_ Male/Female \_\_\_\_\_

Student Name \_\_\_\_\_ Grade Entering \_\_\_\_\_  
FIRST MIDDLE LAST

Address \_\_\_\_\_  
STREET CITY/STATE ZIP CODE

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ text Y/N

Parent E-mail \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
CITY and STATE

Date of Baptism \_\_\_\_\_ Church \_\_\_\_\_  
Church Address \_\_\_\_\_  
CITY and STATE

School that Student is Attending \_\_\_\_\_

Father/Guardian's Full Name \_\_\_\_\_  
Church Affiliation \_\_\_\_\_ Communicant Member \_\_\_\_\_

Mother/Guardian's Full Name \_\_\_\_\_  
Church Affiliation \_\_\_\_\_ Communicant Member \_\_\_\_\_

Child Living with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Brother/Sister  
Name \_\_\_\_\_ Age \_\_\_ Grade \_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_ Grade \_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_ Grade \_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_ Grade \_\_\_ School \_\_\_\_\_

For Office Use Only

Paid \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ ACS \_\_\_\_\_

# Confirmation Covenant

St. Peter Lutheran Church

I, \_\_\_\_\_, agree to abide by the following expectations:

I believe Confirmation is a part of the process of Christian education in the home and the church to spiritually nurture and strengthen each individual in the faith; bringing them to an understanding of the six chief parts of Christian doctrine. I believe, as confessed in the Lutheran Church Missouri Synod, that rearing individuals in the true knowledge and worship of God prepares them for public confession of faith and a lifelong pledge of fidelity to Christ and His church.

**I agree to do the following:**

- Attend Confirmation instruction on Wednesday evenings from 6:30 – 8pm.
- Attend weekly worship services at St. Peter Lutheran Church. (Sat. 5 PM, Sun. 7:45, 9, 11 AM)
- Participate regularly in Youth Group activities
- Serve the congregation and the greater community diligently and joyfully for the required number of hours.
- Demonstrate my desire to learn more about God’s Word by completing the required number of sermon notes.

*If for some reason the above expectations cannot be met please let us know in writing as well as the reason why.*

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Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature \_\_\_\_\_