

CONFIRMATION / NEW MEMBER INFORMATION FORM

Person to be confirmed [first, middle & last name]:

Date for confirmation: _____

Address: _____ Phone #: _____

Town: _____ State: _____ Zip: _____

E-mail address: _____

Date of birth: _____

City: _____

Mother's maiden name: _____ member: _____ yes _____ no

Father's full name: _____ member: _____ yes _____ no

Pastor presiding: _____

Comments: _____

Please send completed form to:

***Messiah Lutheran Church
3 South Third Street
Mifflintown, PA 17059***

OR email completed form to messiahlutheran@pa.net