



Messiah Evangelical Lutheran Church
Office: 672 Drumgoole RD E
Staten Island, NY 10312
718-356-1050
messiahlutheran@verizon.net

Confirmation Ministry Information Form

Name: _____
First Middle Last

Father's Name: _____ Mother's Name: _____

Address: _____
House Number Street Name

Staten Island, New York _____
Zip Code

Telephone: _____ Parent's Cell Phone: _____

Student's Email*: _____ Parent's Email*: _____

* The email addresses are intended **only** for the sending of Confirmation Ministry News or passing on of material and information when a child is absent from class.

* All email sent to students will be copied to parents.

Date of Birth: _____ Place of Birth: _____

Date of Baptism: _____ Church of Baptism: _____

Hobby: _____

Do you play a musical instrument and which one or sing in a choir? _____

I plan on providing service to my congregation by serving as:

Acolyte _____ Reader _____ Usher _____ Sing In Choir _____