

**Emanuel Church, Hales Corners**  
**United Church of Christ**  
*Confirmation Registration*

Full Name Of Student (first, middle, last)

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Date/year of Student's Birth \_\_\_\_\_ -

Has this young person been baptized? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent(s) Name, Address, Phone, & Email

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Any allergies or medical issues the Confirmation leaders should know about

Signature \_\_\_\_\_

Dear Parents – Please return the registration form as soon as possible

If you have questions: Office (414) 425-1515  
Home (414) 255-4224 call or text