



APPLICATION FOR CONFIRMATION

Zion Lutheran Church – Mitchell, SD

Submit to: office@zionmitchell.org

Full Name: _____

Last,

First,

Middle

Complete Address: _____

Telephone: _____ Cell phone: _____

Home phone

Email: _____

1. Do you confess the doctrine of the Evangelical Lutheran Church, drawn from the Scriptures, as you have learned to know it from the Small Catechism, to be faithful and true? _____
2. By the grace of God, do you intend to hear the Word of God and receive the Lord's Supper faithfully? _____
3. By the grace of God, do you intend to live according to the Word of God, and in faith, word, and deed to remain true to God, Father, Son, and Holy Spirit, even to death? _____
4. By the grace of God, do you intend to continue steadfast in this confession and Church and to suffer all, even death, rather than fall away from it? _____

Date of Birth: _____ Where Born: _____

City, State

Father's Full Name: _____

Mother's Full Name (Include Maiden Name): _____

Date of Your Baptism: _____ Pastor's Name: _____

Baptized at (Church): _____ Church Location: _____

Baptismal Sponsors/Witnesses: _____

Bible verse you have chosen for your Confirmation: _____

Confirmation Student Signature

Date