

2011-2013 Confirmation Information
GLENN MEMORIAL UNITED METHODIST CHURCH

_____ **Yes**, I want to participate in Confirmation. _____ **No**, I do not want to participate this year.

Name _____
 First Middle Last Preferred

Street Address _____ City _____ Zip _____

Birthdate _____ School you attend _____ Grade _____
 Month/Day/Year

Have you been baptized? Yes _____ No _____ If yes, when and where? _____

Youth Email Address _____ (for weekly Glenn Youth Emails)

Youth Cell Phone _____
(please only provide if you are comfortable with Blair contacting your youth by phone)

Mother _____

Address _____
 Street City State Zip

Home Phone _____ Work Phone _____

Email Address _____ (for weekly Glenn Youth Emails)

Church Membership at _____

Father _____

Address _____
 Street City State Zip

Home Phone _____ Work Phone _____

Email Address _____ (for weekly Glenn Youth Emails)

Church Membership at _____

For more information, call or e-mail Blair B. Setnor (BlairS@glennumc.org) or 404-634-3936 x133. **Please return this form to the church office or youth minister office by July 29th.**