



Martin Luther  
Evangelical  
Lutheran  
Church

Pastor Annika Klappert, [pastor@martinluther.ca](mailto:pastor@martinluther.ca)  
Cell 416-567-2487, Office 416-251-8293  
2379 Lake Shore Blvd. West, Toronto M8V 1B7  
More information: [www.martinluther.ca](http://www.martinluther.ca)

## CONFIRMATION REGISTRATION

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**Family Name/Familiename**

**Given Name of Child/Vorname des Kindes**

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**Date of Birth & Age / Geburtsdatum & Alter**

**Place of Birth/Geburtsort**

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**Date of Baptism / Taufdatum**

**Place of Baptism/Taufort**

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**School/Schule**

**Grade/Klasse**

**Health and Dietary Notes, Medications/ Gesundheits- und Ernährungshinweise, Medikamente:**

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**Can swim/ Kann schwimmen:**

**Yes/Ja \_\_\_\_\_ No/Nein: \_\_\_\_\_**

**Other information or requests/Weitere Informationen oder Wünsche:**

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**Street Number**

**Street**

**Apt. #**

**City**

**Postal Code**

**Hausnummer**

**Strasse**

**Apt. #**

**Stadt**

**Postleitzahl**

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**Home Telephone Number/ Festnetz- Telefonnummer**

**Cell Number/Handynummer**

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**Email Address/E-Mail Adresse**

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**Mother/Mutter, Church Denomination/Konfession**

**Cell Number/Handynummer**

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**Father/Vater, Church Denomination/Konfession**

**Cell Number/Handynummer**



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Pastor Christian Ceconi, [pastor@martinluther.ca](mailto:pastor@martinluther.ca)  
Cell (416) 567-2487, Office (416) 251 8296  
2379 Lakeshore Blvd. West, Toronto M8V 1B7  
More information: [www.martinluther.ca](http://www.martinluther.ca)

**Person to contact in case parents (guardians) cannot be reached/** **Phone Number/ Telefonnummer**  
**Zu kontaktierende Person, falls Eltern (Erziehungsberechtigte) nicht erreichbar sine**

**Names of Godparents/Namen der Paten :**

\_\_\_\_\_, City \_\_\_\_\_

\_\_\_\_\_, City \_\_\_\_\_

*As parents / guardians of \_\_\_\_\_ we consent to the participation of the above mentioned child in all the Confirmation activities. Should it be necessary for our child to receive medical attention, we authorize the staff members in charge to act as they deem necessary. Any cost so incurred will be our responsibility. Should we become aware of a change in our child's medical condition; we will notify the staff immediately. Furthermore, in case of an accident or mishap, we absolve Martin Luther Church, the Pastor and the Staff of all responsibility.*

**Place, Date/Ort, Datum**

**Signature of Parent(s)/Unterschrift(en) der Eltern**

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**FOR OFFICE USE ONLY**

**Prepared by/ Bearbeitet von:** \_\_\_\_\_

**Date/Datum:** \_\_\_\_\_

**Certificate of Membership Received from Godparents?**