## OXFORD-UNIVERSITY UNITED METHODIST CHURCH

## **CONFIRMAND PROFILE**

CONFIRMAND'S FULL NAME		NAME CONFIRMAND GOES BY			
DIETARY CONCERNS/ALLERGIES					
OTHER SPECIAL NEEDS					
MENTOR'S NAME		MENTOR'S EMAIL AI	DDRESS		
MENTOR'S CELL PHONE	_				
PASTOR WHO BAPTIZED CONFIRMAND:					
TOWN WHERE CONFIRMAND WAS BAPTIZED:					
DATE OF BAPTISM [MONTH AND YEAR]					
CONTACT I	NFORM/	ATION			
MAILING ADDRESS	CITY		STATE	ZIP	
CONFIRMAND'S EMAIL ADDRESS	CONFIRM	CONFIRMAND'S CELL PHONE			
CAN WE INCLUDE EMAIL AND CELL NUMBER ON OUR CONTACT INFO SHE	ET? □ YES	□NO			
PARENT/GUARD	IAN INF	ORMATION			
MOTHER'S NAME	MOTHER	MOTHER'S EMAIL ADDRESS			
MOTHER'S CELL NUMBER	MOTHER	MOTHER'S WORK NUMBER			
FATHER'S NAME	FATHER'	FATHER'S EMAIL ADDRESS			
FATHER'S CELL NUMBER	FATHER"	S WORK NUMBER			