



ST. PAUL'S
LUTHERAN CHURCH

Confirmation *Independent Study*

Your Name: _____ Today's Date: _____

What Do You Want To Do? _____

When Will You Do It? _____

Area of Focus: (please check one)

- Scripture
- Catechism
- Spiritual Practices
- Leadership
- Our Church
- Wider Church
- Electives

Tell Me More About It! _____
