



BAPTISM REQUEST & INFORMATION SHEET

Today's Date _____

Name of person to be Baptized _____

Place of Birth _____ Date of Birth _____

Parents' Names _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Alternate Phone Number _____

Email Address _____

Home Church _____ Mother Baptized? _____ Father Baptized? _____

Requested Date for Baptism _____ Time of Baptism 9:00am _____ 10:45am _____

Baptisms are performed for members of New Hope Presbyterian Church. If you are not a member, please call to inquire about membership. Please note that all baptism forms will be reviewed and approved by Session. When planning your baptism, please allow up to 30 days from the date of submission for your baptism form to be approved. Baptisms are *not* performed on the first Sunday of each month.

IMPORTANT:

This form must be mailed, faxed, or emailed to our office at
office@newhopepres.org
Please email a photo of the person to be baptized at least two weeks prior to the baptism date.

For Office Use Only:

Received in Office by: _____ ***Date:*** _____ ***Approved by Session/Date:*** _____

Copy to:

- Clerk of Session***
- Pastor performing baptism***
- Pastoral Assistant (for photo)***
- Baptism Deacon***
- Director of Worship & Arts***