



## 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 \_\_\_\_\_

Request Date for Baptism \_\_\_\_\_ Time of Baptism 9:00am \_\_\_\_\_ 10:45am \_\_\_\_\_

Baptisms are preformed 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 to be approved. Baptisms are not preformed on the first Sunday of each month.

### Important:

This form must be mailed, faxed, or emailed to our office at  
[office@newhopepres.org](mailto: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

3737 New Hope Way, Castle Rock, CO 80109

Tel: 303.660.0057 / Fax: 303.660.1532 / [www.newhopepres.org](http://www.newhopepres.org)