

**Mt. Hope Lutheran Church  
Baptism Information Form**

Date of baptism:	Worship service time:
Full Name: <i>(First, Middle, Last)</i>	Date of birth:
Place of birth: <i>(City, State)</i>	
Parent or Guardian #1 Name:	Phone: e-mail:
Parent or Guardian #2 Name:	Phone: e-mail:
Address, City, State, Zip:	
Sponsors:	
Name:	
Name:	
Name:	
Notes:	
<p><i>Church Office use:</i></p> <p><input type="checkbox"/> <i>MHH</i></p> <p><input type="checkbox"/> <i>Candle</i></p> <p><input type="checkbox"/> <i>Sacristy note</i></p> <p><input type="checkbox"/> <i>Worship/screen</i></p> <p><input type="checkbox"/> <i>Outline</i></p> <p><input type="checkbox"/> <i>Shepherd's Staff</i></p> <p><input type="checkbox"/> <i>OA Book</i></p> <p><input type="checkbox"/> <i>Membership Report</i></p> <p><i>revised Sept. 2021</i></p>	