

16898 Michael Ave
Hastings, MN 55033
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hopeofhastings.com



**Baptism
Request
Form**

Full Name: _____

First Middle Last

Date of Birth: ____/____/____
Month Day Year

Home Address: _____
Street Address City State Zip

Mother's Name

First Middle Last

Email Address: _____ Phone _____

Father's Name

First Middle Last

Email Address: _____ Phone _____

Godparent/Sponsor 1:

First Last

Email Address: _____ Phone _____

Godparent/Sponsor 2 (if applicable):

First Last

Email Address: _____ Phone _____

Date & Time Requested for Baptism:

- | | |
|----|--|
| 1. | |
| 2. | |
| 3. | |

If during a 9:00am Sunday worship service it's best to choose the second or fourth Sunday of the month.

Number of persons attending (for pew reservation): _____

Any special notes, concerns or other pertinent information?

For Office Use Only	Date Received:	Follow Up/Contacted	In Database
	Baptized By:	Letter Sent:	