

INFORMATION ABOUT YOUR CHILD:

Child's Name: _____
(first) (middle) (last)

Address: _____
(number and street) (city) (State/Zip)

Phone Number: (_____) _____

Date of Birth: _____ City of Birth: _____

Father's Name: _____
(first) (middle) (last)

Mother's Name: _____
(first) (middle) (last) (Maiden)

Child's parents are: Married _____ Separated _____
Divorced _____ Not married _____

Church Affiliation: Mother _____
Father _____

SPONSOR INFORMATION:

Name: _____

Address: _____

Phone Number: (_____) _____

Name: _____

Address: _____

Phone Number: (_____) _____

REQUEST FOR

Baptism at New Hope Lutheran Church

Please answer all questions Yes or No.

1. We have read "The Dawn of New Life With God: Baptism at New Hope Lutheran Church". _____
2. We desire Holy Baptism for our child because we believe that the Lord Jesus ordained Holy Baptism for our salvation. _____
3. We believe the Holy Bible, which declares that by Baptism our children enter a covenant with the Triune God. _____
4. We desire that our child remain a member of the Kingdom of Christ, both here on earth and throughout eternity. _____
5. It is our purpose to assume all the responsibilities of godly parents, to provide a home program which will be conducive to our child's spiritual welfare. _____

THE PROMISE OF PARENTS: It is our full intention to raise our child in the Christian faith. We understand that this involves regular worship and education, and we have every intention of following through with our child's spiritual nurture. We understand that the new life the Lord gives in Baptism is to be nurtured and fed so that it may grow. We understand that neglecting to do so will be to the spiritual harm of our child.

Mother: _____

Father: _____

FOR NON-MEMBERS OF NEW HOPE:

6. We desire to become members of New Hope Lutheran Church. _____
7. We would like to be notified of your next Adult Information Class, through which we may be prepared for membership in Christ's holy church. _____

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(first) (middle) (last)

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(number and street) (city) (State/Zip)

Phone Number: (_____) _____

Date of Birth: _____ City of Birth: _____

Father's Name: _____
(first) (middle) (last)

Mother's Name: _____
(first) (middle) (last) (Maiden)

Child's parents are: Married ____ Separated ____
Divorced ____ Not married ____

Church Affiliation: Mother _____
Father _____

SPONSOR INFORMATION:

Name: _____

Address: _____

Phone Number: (_____) _____

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