

REQUEST FOR BAPTISM

Hope Lutheran Church
1041 E. Foothill Blvd.
Glendora, California 91741
626-335-5315

- _____ 1. We desire Holy Baptism for our child because we believe that our Lord Jesus Christ, the Redeemer of the world, ordained Holy Baptism for our salvation.
- _____ 2. We believe that by Holy Baptism God, Father, Son and Holy Spirit, enters a covenant relationship with our child.
- _____ 3. We want our child to remain in that covenant relationship with God forever.
- _____ 4. To that end we pledge ourselves to train our child in the Christian faith and look to the church for help in this task.

Full name of baptismal candidate _____

Date of birth _____ Place of birth _____

Name of father _____

Full maiden name of mother _____

Street Address (of parents, if a child) _____

City _____ Zip _____ Phone _____

* Name of Sponsors _____

* Will sponsors be present for the baptismal service? _____

Date Baptism is desired _____ Time _____

(Note: We prefer not to perform baptisms during those services when we celebrate Holy Communion. We celebrate the Lord's Supper on the 2nd and 4th Sunday of each month.)

Signed (by parents if candidate is a child) _____

(Items marked [] are to be completed only for child baptism)*

If the baptism is to be conducted during the worship services, we ask that parents and sponsors check with the pastor 15 minutes before the service begins.