

Application for Baptism/Confirmation

Baptism _____ or Confirmation _____ (Please check one)

Name: _____ (full legal name)

Address: _____

Phone: Home _____ Work _____

Cell _____ Email _____

Date of Birth: ____/____/____

City, State of Birth: _____ Hospital: _____

*I do trust in Jesus Christ as my Lord and my Savior
and I desire to publicly profess my faith through the sacrament of baptism.*

Signature: _____ Date: _____

If you were baptized as an infant and now seek to be confirmed

Name of Church where you were baptized: _____

City and State: _____ Date of Baptism: ____/____/____

If you are under 18 years of age. . . .

Parents' (Legal Guardian) Signature:

Father / Guardian: _____

and/or

Mother / Guardian: _____

H.O.P.E. Church

Pastor: Rev. Kyu (Q) Kim ♦ Associate Pastor: Rev. Mimi Kim
Mailing Address: 4423 Lehigh Road (Mailbox # 397), College Park, MD 20740
(301) 332-6366 ♦ <http://www.houseofprayerforeveryone.org>