

Application for Infant Baptism

Full Legal Name of the Child: _____

Parents: Father: _____

Mother: _____

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 for my child to receive the sacrament of baptism.*

Parents' (Legal Guardian) Signatures:

Father / Guardian: _____ Date: _____

and/or

Mother / Guardian: _____ Date: _____

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>