

## New Hope Missionary Baptist Church

### Membership, Baptism or Baby Dedication Service Form

**Buried with Him in baptism, wherein also ye have risen with Him through the faith of the operation of God, who hath raised Him from the dead. – Colossians 2:12 (KJV)**

Membership    Baptism    Baby Dedication (1<sup>st</sup>& 2<sup>nd</sup> block for information)

**Date of Decision:** \_\_\_\_\_

<b>Information of Person To Be Baptized or Become A Member or Baby Dedication</b>
Full Name
Sex
Date of Birth
City/State of Birth
Address
Phone Number
Email
<b>Deacon - Elect to Check The Box Apply:</b> <input type="checkbox"/> Henderson <input type="checkbox"/> Riggins <input type="checkbox"/> Brown <input type="checkbox"/> Moyd <div style="text-align: center; margin-top: 5px;"><input type="checkbox"/> Vereen</div>

#### Check The Box and Fill Out The Blank That Apply:

- I'm not a member of [ \_\_\_\_\_ ] and I or my child(ren) want to be baptized. (If there is more than one child to be baptism of dedicated to the Lord. Separate forms are needed.)
- I'm a member of [ \_\_\_\_\_ ] and I want to have my child baptize or baby dedication service.

(Fill out the information below)

<b>Information of Parents If Your Child Is Being Baptized or Baby Dedication Service</b>
Father Full Name
Mother Full Name
Date of Marriage
Address
Phone Number
Email
Child Full Name
Child Date of Birth
City/State of Birth

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Are you a member of New Hope Missionary Baptist Church?  Yes  No

If yes, how long have you been a member: \_\_\_\_\_

<b>Information of Godparents</b>
Godfather Name
Godmother Name

Signature: \_\_\_\_\_

If under 18 years of age, Signature of Parent: \_\_\_\_\_

### Office Use Only

**Date of Baptism Approval:** \_\_\_\_\_

**Date of Baby Dedication:** \_\_\_\_\_

**Copies Given:**

- Pastor
- Deacon Elect
- Deacon Chairman
- Trustee Chairman
- Secretary

**Membership:**

- Letter (Coming from your former church)
- Baptism
- Christian Experience