

BAPTISMAL INFORMATION SHEET

Please complete and return to the church office as soon as possible.
Hope Ridge United Methodist Church, 9870 Johnnycake Ridge Rd., Mentor, OH 44060
Phone: 440-352-2141 Email: hopeoffice@hoperidge.com

Child's full name _____
Date of Birth _____
Place of Birth _____ (city) _____ (state) _____

Family Information

Mother's Full Name/Maiden Name _____
Father's Full Name _____
Sibling Names/Ages _____
Family Address _____
Phones: Home _____ Work _____ Cell _____
Email (mother) _____
(father) _____
Maternal Grandparents names _____
Paternal Grandparents names _____

Are both parents baptized? _____ Yes _____ No
What are the parent's faith backgrounds (mother) _____
(father) _____
Will other family be attending the baptism? _____ Yes _____ No
Will there be Godparents? _____ Yes _____ No
If so, names? _____

OTHER INFORMATION

Is there other special information you want to share or are there questions you want to ask?

For Church Office Use Only

Baptism Date and Time _____
Information placed on Church Calendar _____ by _____