

NEW HACKENSACK REFORMED CHURCH

1580 Route 376
Wappingers Falls, NY 12590
845-462-0810
office@nhrc-church.org

Baptism Information

Date: _____

Father's Name (First/Middle Initial/Last): _____

Mother's Name (First/Middle Initial/Last): _____

Address: _____

Contact Phone Number(s):

Mother's ___ Cell ___ Home _____ Email: _____

Father's ___ Cell ___ Home _____ Email: _____

Is one parent an active confirmed member of New Hackensack Reformed Church? ___ Yes ___ No

Name of ___ Son and/or ___ Daughter to be Baptized (First/Middle/Last): _____

Date and Time of Birth: _____ Weight/Length: _____

Place of Birth (Hospital/City): _____

Siblings (Names/Ages): _____

Baptism Service Date: _____

Hymn(s) Request: _____

Officiating Pastor: _____

Notations: _____

Approval Date: _____

Approval Initial: _____