

Maverley Gospel Hall

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876 649 4706

BABY BLESSING INFORMATION SHEET

Date of Application (Y-M-D) _____

Birth Registration # _____

Birth Certificate # _____

Name of Baby _____

Other Given Names _____

() Male () Female

Place of Birth _____

Date of Birth _____ (Y-M-D)

Father's Name _____

Mother's Name _____

Father's Telephone _____

Mother's Telephone _____

Contact Email Address _____

Child's Address

Proposed Date of Blessing

God Father's Name (s)

God Mother's
Name(s) _____

Please include a recent picture of the baby to be blessed.