

Child Naming Registration Form

Child Naming For:

Full Name: _____

Date of Birth: _____

Ceremony Information:

Date: _____ Time: _____

Ceremony Location/Address:

Parent's Information:

Mother: _____ Father: _____

Cell Phone: Mother: _____ Father: _____

Email Address: _____

Baby Naming Package Selected:

_____ Standard Ceremony \$175.00

_____ Customized Ceremony \$275.00

Please mail your completed Registration Form to:

Rev. Susan Anderson 105 Oak Drive Sellersville, PA 18960

A confirmation letter will be sent to you your registration form is received. A \$50.00, nonrefundable deposit is required to secure your ceremony date and time