



Baby Christening Application

Please **Fill Out** and **Email** this application to vision.worshipcenter@gmail.com.

Double check for error or misspelling.

Application fee is **\$50**, payable in cash, check or credit card to Vision Worship Center. Corrections due to error on the part of the applicant after to certificate is prepared is **\$50**.

Child's Information

Last Name: _____

Hospital of Birth: _____

First Name: _____

Date of Birth: _____ County: _____

Middle Name: _____

State: _____ Country: _____

Mother's Information

Last Name: _____

Last Name: _____

First Name: _____

First Name: _____

Middle Name: _____

Middle Name: _____

God Mothers Information

God Mother 1 _____

God Father 1 _____

God Mother 2 _____

God Father 2 _____

God Mother 3 _____

God Father 3 _____

Authorization

Submitted By: _____ Date: _____

Phone No. _____ Email: _____