



2440 ATLAS ROAD POST OFFICE BOX 90309 COLUMBIA, SC 29290
(803) 776-1238 FAX (803) 776-9977

CHRISTENING APPLICATION

Darrell Jackson, Senior Pastor

PLEASE RETURN COMPLETED FORM ALONG WITH A PHOTO TO THE CHURCH OFFICE BY THE DEADLINE.

Baby's Name: _____
FName Middle Name LName

Date of Birth: _____
Month Day Year

Mother: _____
FName MI LName

Street _____

Address _____ (1) _____ (2) _____
City State Zip Home Phone Mobile Phone

Father: _____
FName MI LName

Street _____

Address _____ (1) _____ (2) _____
City State Zip Home Phone Mobile Phone

Godmother _____
FName MI LName

Godfather _____
FName MI LName

Maternal Grandparents _____

Paternal Grandparents _____

Are the parents / guardians members of this church? **Mother** ___ Yes ___ No **Father** ___ Yes ___ No
Is a picture of your baby attached with this form? ___ Yes ___ No