

# Baby/Children's Blessing Form



Please complete the following information and return to the Administrative Office.  
We will contact you regarding a date for the blessing.

Date Submitted \_\_\_\_\_

Child's Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_  
Circle One (M) (F)

Place of Birth \_\_\_\_\_  
City State

Meaning of Child's Name \_\_\_\_\_

Father's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
City State Zip

Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_  
City State Zip

Phone \_\_\_\_\_

*For Office Use Only*

Date of Baby Blessing \_\_\_\_\_

