



Heavenly Gate Ministries
10742 Baltimore Ave, Beltsville MD 20705
Phone: 240-595-5970 www.hgmonline.org

Child Naming/Christening Application

Please complete the information below and submit for processing

Name of Child: _____
(First) (Last) (Middle)

Date of Birth: _____

Date of Naming Ceremony: _____ Time of Ceremony: _____

Address: _____

Parents

Father's Name: _____
(First) (Last) (Middle)

Mother's Name: _____
(First) (Last) (Middle)

Are you legally married? Yes No

Date of Marriage _____

Mother's phone # _____

Father's phone # _____

Are you born again? Father Yes No

Mother Yes No

HGM Naming/Christening Form

Are you a member of Heavenly Gate Ministry?

Father Yes No

Mother Yes No

Do you have any special needs or language barriers you will need assistance with during the ceremony? Yes No

If yes, please describe

I have completed the above form to the best of my knowledge and provide accurate answers to all the questions listed.

Signature of Father

Print Name

Date

Signature of Mother

Print Name

Date