



**GREATER** *fgbc*  
 saint stephen  
 Christening/Baby Dedication Checklist

DATE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ CHILD'S DOB: \_\_\_\_\_

CHILD'S GENDER:  GIRL  BOY PARENTS MARITAL STATUS:  MARRIED  SINGLE

MOTHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

GOD PARENT #1'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

GOD PARENT #2'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

FOR OFFICE USE ONLY

RECEIVED BY: \_\_\_\_\_ REVIEWED BY: \_\_\_\_\_

CHRISTENING LOCATION:  10:30AM IN SERVICE  AFTER SERVICE GUNDY CHAPEL

PARENTS CONTACTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

GODPARENTS CONTACTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTES: (HAVE PARENTS AND GODPARENTS MEET SIS TONI HARDY FOR 10:15 AM FOR CHRISTENING SCHEDULED FOR 10:30 AM SERVICE, ENSURE CHAIRMAN CHARLES THOMAS IS NOTIFIED AND A DEACON ASSIGNED PRIOR TO CHRISTENING).

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**senior pastor** dr. debra b. morton // **co pastor** bishop paul s. morton sr.

FULL GOSPEL BAPTIST CHURCH

WE ARE PROUD TO BE A

