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**2440 Atlas Road (29209) Post Office Box 90309, Columbia, SC 29290**

**803.776.1238 | FAX 803.776.9977**

Christening Application

**Darrell Jackson, Sr.**

**Senior Pastor**

**Please return completed form along with a photo to the church office by the deadline.**

**Baby’s Name:** Enter First Name **Middle Name** Enter Middle Name **Last Name** Enter Last Name **Suffix** Choose an item.

**Date of Birth:** Click here to enter a date.

**Mother:** Enter First Name **Middle Initial** Enter Middle Initial **Last Name** Enter Last Name

**Email Address:** Enter Email Address

**Street Address:** Enter address **City:** Enter City **State** Enter State **Zip Code** Enter Zip Code

**Father:** Enter First Name **Middle Initial** Enter Middle Initial **Last Name** Enter Last Name **Suffix** Choose an item.

**Email Address:** Enter Email Address

***Enter address only if different from above***

**Street Address:**

**City:**   **State Zip Code**

**Godmother:** Enter godmother’s name here

**Godfather:** Enter godfather’s name here

**Maternal Grandparents:** Enter maternal grandparents here

**Paternal Grandparents:** Enter paternal grandparents here

**Are the parents/guardians members of this church? Mother: Yes** [ ]  **No:** [ ] **Father: Yes** [ ]  **No:** [ ]

**Is a photo of your baby attached with this form? Yes** [ ]  **No:** [ ]