

**Please attach
two passport
photographs**

NEW WINE CHURCH

CHILD'S NAMING



APPLICATION FORM

NAME:

PARENTS DETAILS

FATHER

TITLE:

FIRSTNAME:

SURN

ADDRESS:

POST CODE:

E-MAIL:

PHONE:

(Daytime)

(Evening)

ARE YOU A TITHER?

YES

NO

MOTHER

TITLE:

FIRSTNAME:

SURN

ADDRESS:

POST CODE:

E-MAIL:

PHONE:

(Daytime)

(Evening)

ARE YOU A TITHER?

YES

NO

DATE OF NAMING

VENUE

ADDRESS

POST CODE

CHILD'S DETAILS

D.O.B:

Day

Month

Year

SEX

MALE:

FEMALE:

NAME(S)

HOSPITAL DETAILS:

NAME:

ADDRESS:

POST CODE:

PHONE:

REFERENCE:

To be filled by your Cell Group Leader or a Leader in the church who knows you reasonably well.

NAME:

ADDRESS:

POST CODE:

TEL. NO:

(Daytime)

(Evening)

REFEREE'S DECLARATION:

I certify that I have known _____ for _____
year(s) and _____ month(s); and hereby recommend the child for naming at New Wine
Church.

Referee's Signature _____

Date _____

Parent's Signature _____

Date _____