



House on the Rock, The Refuge, Abuja

**BABY NAMING CEREMONY: REGISTRATION FORM**

Name of Person/Spouse/Family - \_\_\_\_\_

Address - \_\_\_\_\_  
\_\_\_\_\_

Contact Phone Number(s) - \_\_\_\_\_

What is the name of your PCC and its PCC leader? \_\_\_\_\_  
\_\_\_\_\_

Have you been through our Refuge Academy membership class? \_\_\_\_\_

Are you a member of a department in Church? \_\_\_\_\_

If yes, which department? \_\_\_\_\_

When did you get married? \_\_\_\_\_

Date of Birth of the Baby \_\_\_\_\_

On which day do you want to have this naming ceremony? \_\_\_\_\_

What other details do we need to know? (e.g. Baby's names... e.tc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

NB: Please note that you still need to follow-up on the confirmation of your proposed baby naming ceremony by calling the Church Office (08092966651 )  
We reserve the right to decline from conducting the naming ceremony for appropriate reasons which would be communicated to you.

-----  
Confirmed by

\_\_\_\_\_  
For Resident Pastor