INTERNATIONAL CENTRAL GOSPEL CHURCH

HOLY GHOST TEMPLE

BABY NAMING FORM

NAME OF FATHER ……

CHURCH AFFILIATION ……

FIRST FRUIT. NO. ……..

COVENANT FAMILY ……

PHONE NUMBER ……..

NAME OF MOTHER ……

CHURCH AFFILIATION ……

CHURCH ID / FF. NO. ……

COVENANT FAMILY ……

PHONE NUMBER ……

DATE OF DELIVERY ……

PLACE OF DELIVERY ……..

GENDER OF CHILD ……

DATE OF NAMING CEREMONY ……

PLACE OF NAMING CEREMONY ……..

TIME OF NAMING CEREMONY ……

OFFICIAL PURPOSES: