

Christening Form

Please print CLEARLY!

Date of Christening: Sunday, 10am _____

Fee: _____

Please contact the Church Office for the Fee. Payment is due Monday before Christening.

Make check out to: Unity of Fox Valley

Baby's Full Name: _____

☐ Boy ☐ Girl

Baby's Date of Birth: _____

Parent's Names _____

& Contact Info: _____

(Phones/emails) _____

God Parents Names: _____

How many seats do you need reserved?: _____ We will reserve the front rows for your party.

Notes: We use water to perform the Christening.

**Please return to the church office: churchoffice@unityoffoxvalley.org | Fax: 630 879 1728
230 Webster Street, Batavia, IL 60510**

Office Use Only:

☐: Payment Rcvd ☐: GP Roses _____ ☐: Bible ☐: O/P _____
☐: Form - Rev ☐: Certificate (2) ☐: Child of Light 24 ☐: Sunday Enhancement