



The Throne Room of Grace Ministries Naming Ceremony/Christening Application

Please complete the information below, print or type clearly and drop at the church office for processing.

Name of Child: _____
(First) (Last) (Middle)

Date of Birth : _____

Date of Naming Ceremony: _____ Time of Ceremony: _____

Address: _____

Parents

Father's Name: _____
(First) (Last) (Middle)

Mother's Name: _____
(First) (Last) (Middle)

Which of these describe your marriage?

Traditional ☐

Wedding ☐

Legal/Court Registration ☐

E-mail : _____
THE THRONE ROOM OF GRACE MINISTRIES

Home Phone: _____ Cell: _____

Do you intend to display or serve liquor at the naming ceremony
or Christening?

Yes ☐

No ☐

How long have you been attending TTRGM:

Father ____ Mother ____

Have you accepted Jesus Christ as your Lord
and personal Saviour?

Father Yes ☐ No ☐

Mother Yes ☐ No ☐

When did you accept Jesus as
Your Lord and personal saviour?

Father ____ Mother ____

Are you a member of TTRGM?

Father Yes ☐ No ☐

Mother Yes ☐ No ☐

Do you have any special needs or language barriers you will need assistance with during the
ceremony? Yes ☐ No ☐

I have completed the above form to the best of my knowledge and provide accurate answers
to all the questions listed.

Signature of Father

Print Name

Date

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Signature of Mother

Print Name

Date