



NAMING CEREMONY BOOKING

Mother's Name: _____ Father's Name: _____

Siblings or close family to be involved in the ceremony: _____

Address: _____

Contact Telephone Numbers:

Home: _____ Work: _____ Mobile _____

Email: _____

Child's Date of Birth: _____ Child's Place of Birth: _____

Date of Ceremony: _____ Time of Ceremony: _____

Venue of Ceremony: _____

Alternative Venue (weather): _____

Godparents, Guardians, Grandparents

Names: _____ - - - - - _____,

Number of Guests: _____ Color Scheme _____

Formation of Ceremony: _____

Photographer: _____

Further details: _____

How did you find out about my services? _____ - - - - - _____

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