

**BABY BLESSING**

Information Sheet



Parents Name: \_\_\_\_\_

Baby's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birth Weight: \_\_\_\_\_ Birth Height: \_\_\_\_\_

Names of Siblings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone No: \_\_\_\_\_

Date of Blessing: \_\_\_\_\_

Return form with electronic version of Baby Picture to the Office or office@heartlandchurch.us