

MAJORITY BAPTIST CHURCH  
400 Hudson Barksdale Blvd – POB 6032  
Spartanburg, SC 29304  
864-582-0675  
Rev. Marcell D. Bush, Senior Pastor

BABY BLESSINGS FORM

Date: \_\_\_\_\_ Member of Majority \_\_\_\_ Yes \_\_\_\_ No

Child's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

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Child's Date of Birth \_\_\_\_\_

Hospital: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Time of Birth: \_\_\_\_\_

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

Paternal Grandparents: \_\_\_\_\_

Maternal Grandparents: \_\_\_\_\_

God Mother: \_\_\_\_\_

God Father: \_\_\_\_\_

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**For Office Use:      Approval:      \_\_\_\_ Yes      \_\_\_\_ No**

Date of Blessings: \_\_\_\_\_

Officiating Ministers: Rev. Marcell D. Bush    Other: \_\_\_\_\_

Number of Persons in Party \_\_\_\_\_ Contact Ushers for Reserved Section \_\_\_\_\_

Best Time To Reach the Family: \_\_\_\_\_

Appointment Time To Meet With the Pastor:

    Date: \_\_\_\_\_

    Date: \_\_\_\_\_

Approval:      \_\_\_\_ Yes      \_\_\_\_ No

Location:      \_\_\_\_ Church      \_\_\_\_ Chapel Area