

Celebration of New Lives

Date of Service: _____

Child's Full Name: _____

Child's Date of Birth: _____

Parent's Name(s): _____

Address: _____

Daytime Phone: _____

Evening Phone: _____

E-mail Address: _____

Number of Guests expected: _____

This is to ensure that we have enough pews roped off at the front of the sanctuary and so we are prepared for the reception.

Questions or Comments: _____

Please turn this form to, Christy Randall via e-mail, fax or post no later than 5:00 pm on the Wednesday before the service.

E-mail: Christy@unityunitarian.org

Fax: 651-228-0927