

Baby Dedication Form



Child Information

Full Name of Child: _____

Gender of Child: M F Date of Birth: _____ Place of Birth: _____

Family Information

Father

Full Name: _____ Age: _____

Occupation: _____ Born Again Believer: Yes No

Mother

Full Name: _____ Age: _____

Occupation: _____ Born Again Believer: Yes No

Mother's Maiden Name: _____

Marital Status: Married Single Common Law

Other Children in Family: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Email: _____ Phone: () _____ - _____

Dedication Information

Location of Dedication: Sunday Family Service (10:30am) Other: _____

Preferred Date of Dedication: _____ Second Date Choice: _____

Pastor to Perform Dedication (Preferred): _____

Number of Invited Guests: _____ Reserved seating: Yes No

Other requests: (ie. special singing, etc...) _____

Note: Please provide a picture of baby and family.