



BABY/CHILD DEDICATION FORM

Today's Date: _____

Name of Baby/Child to be Dedicated: _____ Gender: () Male or () Female

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

Name of Mother: _____ Phone: _____

Name of Father: _____ Phone: _____

Home Address: _____

Sibling Names: () Brother or () Sister: _____ () Brother or () Sister: _____

() Brother or () Sister: _____ () Brother or () Sister: _____

Requested Date of Dedication: _____ Requested Service: () 1st () 2nd () 3rd

Requested Pastor to Perform Dedication: _____

FOR OFFICE USE ONLY

Date Approved: _____ By _____ () Certificate Printed () Child's Bible