

# Baby Dedication Request



**Purpose:** A formal request for a dedicatory service performed on behalf of the parents/guardians who are members of the church.

Please fill out this form (print) and return it to the church administrator. Please note that some of the questions may not apply to every situation.

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

Parent(s) Name: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Hospital: \_\_\_\_\_

City and State of Birth: \_\_\_\_\_

Date you would like baby dedicated: \_\_\_\_\_

Which service? 8am \_\_\_\_\_ or 11am \_\_\_\_\_ (check one)

God Parent(s) Name, if any: \_\_\_\_\_

God Parent(s) Address: \_\_\_\_\_

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

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office received on: \_\_\_\_/\_\_\_\_/\_\_\_\_