APPLICATION FOR BABY DEDICATION

BABY'S INFORMATION

Name of Baby: _____

Address: _____

City: _____ State: _____ ZIP: _____

Date of Birth: _____ Time of Birth : _____

First Child?: □ YES □ NO Sibling/s? □ YES □ NO How many? _____

REQUESTED BABY DEDICATION DATE

1st Choice: _____ 2nd Choice: _____

(dates are subject to availability and approval by chruch leadership)

PARENTS INFORMATION

Mother's Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Email: _____

Father's Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Email: _____

Married?: □ YES □ NO □ N/A Date of Marriage: _____

To each other? □ YES □ NO

Planning to Marry? □ YES □ NO

Engaged? □ YES □ NO Wedding Date: _____

APPLICATION FOR BABY DEDICATION

Maternal Grandparents

Grandmother: _____ Religion: _____

Phone: _____ Email: _____

Grandfather: _____ Religion: _____

Phone: _____ Email: _____

Paternal Grandparents

Grandmother: _____ Religion: _____

Phone: _____ Email: _____

Grandfather: _____ Religion: _____

Phone: _____ Email: _____

Godparent 1

Name: _____ Religion: _____

Phone: _____ Email: _____

Godparent 2

Name: _____ Religion: _____

Phone: _____ Email: _____

Signature: _____ _____

Parent/Guardian 1 Parent/Guardian 2

Pastor: _____ **Date:** _____