



Request for Baby Dedication

Please complete form and return it to the church office.

We want to dedicate our baby to the Lord on:

(1st Choice) Sunday, _____ at the 8:30 / 10:15AM service

(2nd choice) Sunday, _____ at the 8:30 / 10:15AM service

(month / date / year) (circle one)

Name of Father: _____
(as you want to appear on the certificate)

Name of Mother: _____
(as you want to appear on the certificate)

Name of Child: _____
(as you want to appear on the certificate)

Meaning of Child's Name(s): _____

Child's Date of Birth: _____

Address: _____

Cell: _____ Home: _____ Email: _____

Grandparents will be in service for the dedication _____ Yes _____ No

*Please email us a photo of your baby so we can project it
on the video screen during the dedication.*