

Baby Dedication Information Sheet



Child's Full Name: _____

Date of Birth: ___/___/___ Sex: M ___ F ___

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PARENT INFORMATION:

Mother: _____

Father: _____

Married: Yes ___ No ___ Single Parent: ___

[You must be a church member in order to participate in the baby dedication celebration.]

Note: In order to have your child dedicated, parents ***must*** attend a mandatory informational class. (Date, time and location of class will be provided by Nursery Director.) Thank you & God bless.

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