

Baby Dedication Information Sheet

CHILD'S NAME _____ BOY GIRL

PARENT'S NAME(S) _____

ADDRESS _____ CITY _____

PHONE _____

BIRTHDATE OF CHILD _____ DATE OF DEDICATION _____

BROTHERS AND SISTERS: _____

To help in planning the service, we would appreciate a short description of your child, such as personality he/she may be developing, special circumstances regarding the birth, or particular blessings you have experienced as a result of this child entering your life. When completed, please return this form along with the picture to the church office.

continue on back if necessary

Office Use: Dedication Date: _____

Photo Photo returned _____

DB

Certificate

Gift selection:

Confirmation:

Life-Verse:

Notes:

attach photo
Photo will be returned

Use paper clip, do not
staple