

BABY DEDICATION FORM

(PLEASE PRINT CLEARLY OR TYPE)

BABY'S NAME: _____ DATE: _____

BABY: BIRTH DATE: _____

WHERE WAS THE BABY BORN? (HOSPITAL): _____

CITY: _____ STATE: _____ ZIP: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

GODFATHER'S NAME: _____

GODMOTHER'S NAME: _____

DATE OF DEDICATION: _____

DO NOT WRITE BELOW THIS LINE: OFFICE USE ONLY.

MINISTER'S NAME: _____

PERSON COMPLETING THIS FORM: _____

TELEPHONE: _____ COMPLETION DATE: _____