

BABY DEDICATION

INFORMATION REQUEST FORM

Full Name (child): _____

(Please Print Clearly)

Gender (child): Male _____ Female _____ Date of Birth: _____

Place of Birth: _____ Other Children: _____

Location of Dedication: Church Service _____ Other (please specify): _____

Preferred Date of Dedication: _____ Service Preference: 9:00 am _____

Second Date Choice: _____ 11:15 am _____

(Please note that the first Sunday of the month is not available for baby dedications) Other _____

Number of Invited Guests: _____ Would You Like Reserved Seating For Guests? _____

Full Name of Father: _____ Age: _____

Full Name of Mother: _____ Age: _____

Mother's Maiden Name: _____ Email Address: _____

Marital Status: Married: _____ Single: _____ Common Law: _____

Occupation of the Father: _____ Occupation of the Mother: _____

Residence: _____ Telephone: _____

Father - Born Again Believer: Yes _____ No _____

Mother - Born Again Believer: Yes: _____ No _____

NOTE: PLEASE PROVIDE A PICTURE OF BABY AND FAMILY TO: admin@bethesda.ca