

Baby Dedication 2010 Form

Parent's Name(s) _____

Street Address _____ Contact number: _____

City/State/Zip _____ Email: _____

Child's Full Name _____ Male Female

Birthdate _____ Birthplace (City/State) _____

Siblings Name(s) _____

Grandparents Name(s) _____

Special characteristics of your child you would like to share:

What are your hopes and dreams for your child?

Specific prayer requests for your child & family? _____
