

Submit to main office with 2 week's notice



# Baby Dedication Information Request Form

Full Name Child: \_\_\_\_\_

Gender (Child): Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Other Children: \_\_\_\_\_

Location of Dedication: Sunday Service \_\_\_\_\_ or Other (Specify): \_\_\_\_\_

Preferred Minister: \_\_\_\_\_

Preferred Date of Dedication: \_\_\_\_\_

Full Name of Father: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation of Father: \_\_\_\_\_ Christian Faith: \_\_\_\_\_

Full Name of Mother: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation of Mother: \_\_\_\_\_ Christian Faith: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Marital Status: Married: \_\_\_\_\_ Single: \_\_\_\_\_ Common Law: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

NOTE: Please send a picture of the baby prior to date to: [westsidetabernacle@nf.aibn.com](mailto:westsidetabernacle@nf.aibn.com)