



## BABY DEDICATION RECORD



Date of Application: \_\_\_\_\_

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

Name of Child \_\_\_\_\_

*(Please Write in Block Letters)*

Date of Birth \_\_\_\_\_

*(Please write in full: e.g. 25<sup>th</sup> June, 2002)*

SEX: Male

Female

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### PARENTS

Name of Mother: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Telephone No.: Home :( 246) \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Father: \_\_\_\_\_

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

\_\_\_\_\_

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### GOD PARENTS:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other Information: \_\_\_\_\_

Officiating Minister: \_\_\_\_\_