

## BABY DEDICATION REQUEST FORM

Today's Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Child's Name: \_\_\_\_\_

First

Middle

Last

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

Place of Birth: \_\_\_\_\_

Hospital

City & State

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

First

M.I.

Last

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Mother's Signature: \_\_\_\_\_

Father's Name: \_\_\_\_\_

First

M.I.

Last

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

*(If different from mother's)*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Father's Signature: \_\_\_\_\_



**NOTE:** All babies will be dedicated on the **THIRD SUNDAY** of each month. This form must be completed and returned together with a **copy of the birth certificate** by the **FIRST SUNDAY**. If you are unable to keep your appointment, please call the church and advise us prior to the scheduled Sunday. Please write all information as clearly as possible. No picture taking will be allowed while the prayer of dedication is being said. Parents are required to sign the register before leaving the sanctuary.

Pastor Devon D. Dawson  
 89-28 Parsons Boulevard  
 Jamaica, NY 11432  
 Phone: 718-657-7699  
 Fax: 718-657-2722  
 Website: [allnationsapostolic.org](http://allnationsapostolic.org)