



# BABY DEDICATION FORM

At least one parent must be a registered member to be eligible for Baby Dedication

Child(ren)'s Full Names(s) PLEASE PRINT

\_\_\_\_\_  Male or  Female Date of Birth \_\_\_ / \_\_\_ / \_\_\_  
\_\_\_\_\_  Male or  Female Date of Birth \_\_\_ / \_\_\_ / \_\_\_  
\_\_\_\_\_  Male or  Female Date of Birth \_\_\_ / \_\_\_ / \_\_\_

## FATHER'S INFORMATION

Father's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## MOTHER'S INFORMATION

Mother's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are you born again? Mother  yes  no

Father  yes  no

Are you a registered member of The Faith Center?

Mother  yes  no

Father  yes  no

Date of marriage: \_\_\_ / \_\_\_ / \_\_\_

Have you previously dedicated a child at The Faith Center?  yes  no

If yes, Child's Full Name: \_\_\_\_\_

*We understand that our next requirement is to attend a class explaining the meaning of baby dedication and our responsibilities as Christian parents.*

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

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

**Please bring this completed form and place in The "offering box". Only those attending the Baby Dedication Class will be able to dedicate their children. For further information please call our church office at (239) 278-3638.  
17650 S. Tamiami Trl Ste 212 Fort Myers, FL 33908**

