

**BABY DEDICATION
INFORMATION REQUEST FORM**

Full Name of child: _____

(Please print clearly)

Gender: Male ___ Female: ___ Date of Birth: _____ Place of Birth: _____

Other Children: _____

Location of Dedication: Church Service (11am) Yes ___ No ___ Private: Yes ___ No ___

Preferred Date of Dedication: _____

Second Date Choice: _____

(Please note that the first Sunday of the month is not available for baby dedications)

Number of Invited Guests: _____ Would you like reserved seating for guests: _____

Full Name of Father: _____ Age: _____

Full Name of Mother: _____ Age: _____

Mother's Maiden Name: _____ Email Address: _____

Marital Status: Married: ___ Single: ___ Common Law: ___

Occupation of Father: _____ Occupation of Mother: _____

Address: _____ Telephone: _____

Do you attend Bethesda: Yes ___ No ___

Father – Born Again Believer: Yes ___ No ___

Mother – Born Again Believer: Yes ___ No ___

NOTE: Please provide a picture of the baby and your family to admin@bethesda.ca