BABY DEDICATION INFORMATION

Baby Dedication Scheduled for _____

Baby's Full Name: _____

Date of Birth:_____Weight:_____Height:_____

Place of Birth:_____

Parent's Name: _____

Brothers/Sisters Names: _____

Relatives Attending: _____

Name	Relationship	City

Any special instructions/information: _____

Special Bible Verse:_____

_____

Please fill out this sheet and return it to the church office (to the attention of Gayle Terry, Children's Ministry Assistant) no later than the Tuesday before the Dedication Service.