BABY DEDICATION INFORMATION FORM

CANDIDATES FULL NAME (CHILD/CHILDREN) or how you would like it to appear on certificate:			
		Воу	Girl
Date of Birth:			
City of Birth:	State of Birth:		
Parents names as you would lik	e them to appear on the certificate:		
Your mailing address:			
Phone Number	Email Address		

^{***}Please return this completed form to our Church Office***