

# BABY DEDICATION

## HOLY TEMPLE CHURCH OF GOD IN CHRIST

Date Requested for Dedication\_\_\_\_\_

Name of Baby\_\_\_\_\_ Girl Boy  
(First, Middle, Last)

Date of Birth\_\_\_\_\_ State of Birth\_\_\_\_\_

Mother's Name\_\_\_\_\_ Mother's Maiden Name\_\_\_\_\_ Single\_\_\_\_\_  
Married\_\_\_\_\_

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

Guardian\_\_\_\_\_

Address of Parent(s)\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_ Telephone # ( )\_\_\_\_\_

Church Affiliation of Parent(s)\_\_\_\_\_

### GOD PARENTS

God Mother(s)\_\_\_\_\_  
\_\_\_\_\_

God Father(s)\_\_\_\_\_  
\_\_\_\_\_

### GRANDPARENTS

Grandmother(s)\_\_\_\_\_  
\_\_\_\_\_

Grandfather(s)\_\_\_\_\_  
\_\_\_\_\_

DEDICATED BY: \_\_\_\_\_ Pastor  
\_\_\_\_\_ Senior Pastor

Date Dedicated\_\_\_\_\_ Date Certificate Received\_\_\_\_\_

REMARKS: