

Child Dedication Request Form

IMPORTANT: Turn this form into the front office one month prior to Child Dedication Service.
(Fax: 410-732-8576)

Date of Dedication : _____

Name of mother or guardian (full name): _____

Does mother attend Southern Baptist Church () Regularly () Occasionally () Never

Is the mother/guardian a born again Christian? () Yes () No () Still considering () Unsure
what this means

Name of father or guardian (full name): _____

Does father attend Southern Baptist Church: () Regularly () Occasionally () Never

Who will participate in the Child Dedication Ceremony?

() Both parents/guardians () Mother/guardian only () Father/guardian only

Name of child to be dedicated (full name): _____

Birthdate: _____

If 2 children are to be dedicated:

Name of 2nd child to be dedicated (full name): _____ Birthdate: _____

If 3 children are to be dedicated:

Name of 3rd child to be dedicated (full name): _____

Birthdate: _____

Home/Phone Info for: () Both Parents/Guardians () Mother/Guardian Only

() Father/Guardian Only

Address: _____

Home phone #: _____

If applicable: His Work Phone: _____ Her Work Phone: _____

Fax #: _____

Email: _____