

request form

# baby dedication



*And they brought young children to Him...and He took them up in His arms, put His hands upon them, and blessed them.*

*~Mark 10:16*

Date of Baby Dedication: \_\_\_\_\_

Name of Parents: Father \_\_\_\_\_ Mother \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Full Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_ Siblings \_\_\_\_\_

List any special events or situations surrounding the birth of the child to be dedicated:

\_\_\_\_\_  
\_\_\_\_\_

What are your dreams for your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How would you like this child to be used of God? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**2015 Baby Dedication Schedule : January 25, March 22, May 24, July 26 , September 27, November 22**  
*Please attach a picture of child and return completed form to Church Office or email to Christina Slye-cslye@wolag.org*