

PLEASE PRINT

NAME OF CHILD:					
FIRST			MIDDLE		LAST
Date of birth: MM	DD	YY		sex: □ M □ F	
Hospital in which child v	was born :				
NSTRUCTION:			DEDICATION DATE:		
	ice two weeks in for to the date of	advance of t my baby's de	he dedication dedication de	ate. If there are any ering of dedication	form must be completed changes, I must notify the is customary with each
Mother's name:			Marital Status:		
Address:					
Father's name:			Marital Status		
Address:					
Home:	Cell: _		Email:		
			Godmoth	ers' names :	
Godfathers' names :					
REMINDER : All parties prappropriately. Skirts show portant always to remember cordingly.	ıld be a respecta	ble length an	d cleavage (bus	st) or thighs should n	ot be visible. It is im-
I have read and accept	t the above guide	elines for the o	dedication of my	child.	
Mother's signature			_ Father's siç	gnature	
Ministor			Date subm	oittod:	