

# BABY DEDICATION APPLICATION FORM



PARENTS NAME : Mother .....

: Father .....

ADDRESS : .....

.....

.....

Telephone No. ....

CHILD'S NAME : .....

BIRTHDATE : .....

NAMES OF GOD PARENTS : 1).....

2).....

3).....

4) .....

5).....

6).....

7).....

DATE OF BABY DEDICATION : ( Try to avoid first Sunday in month).....

OTHER COMMENTS :

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Website: www.shilohdalstonchurch.org.uk