

GLORY CHRISTIAN FELLOWSHIP INTERNATIONAL



Baby Dedication Information Sheet

Please Print Legibly

Baby _____
(FIRST) (MIDDLE) (LAST)

Date of Birth ____ / ____ / ____ Age _____ M/F ____

Mother _____ Father _____

Address _____ Telephone () _____
(STREET)

(CITY) (STATE) (ZIP)

Member of Glory? _____ Date of Dedication _____
(4th Sunday's Only)

God Mother _____ God Father _____

Baby Dedications are scheduled for the fourth Sunday of every month. Please fill out this form and return to the church office. (You may place in prayer box if you receive this on a Sunday morning.) You will be contacted by the office to confirm your scheduled dedication time.

FOR OFFICE USE ONLY

DATE OF DEDICATION _____ SIGNATURE _____