

Date _____

Christ Church

Baby Dedication Application

First Name (Father) Middle Initial Last Name

First Name (Mother) Middle Initial Last Name

Address City State Zip Code

Father's address (if different) City State Zip Code

Phone Number: _____ Email: _____

Child Dedication services are intended solely for married couples in order to uphold the Biblical standard that we teach. Please note that parents who are living together and are not married are asked to kindly refrain from requesting this particular service. We thank you for your understanding.

Marital Status

Single Married

Are you a Born-Again Christian?

Father Yes No

Mother Yes No

Have you completed the *Joining the Church Family* membership course?

Father Yes No

Mother Yes No

Which campus do you regularly attend? East (Montclair) West (Rockaway)

Number of attendees coming to the Baby Dedication service _____

Complete this section for each child to be dedicated.

First Name Middle Name Last Name Gender D.O.B.

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FOR OFFICE USE ONLY

Date class completed: _____

Appointment with pastor: Yes No

Approval of Dedication: Yes No

Date of Dedication: _____

Campus: _____

Father Signature: _____

Mother Signature: _____