BABY DEDICATIONS

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Changing Lives Christian Center

Baby Dedication Date:

Every 3rd Sunday of the Month Only.

Please Print: & Fill Out All Blanks

Male: _____ Female: _____

Baby's Full Name: _____

Baby's Date of Birth: _____

Mother's Name: _____

Father's Name: _____

God Parents:

_____ _____

_____ _____

Parents Mailing Information:

Street Address:

_____ **Apt#:____**

City: _____ State: _____ Zip: _____

Phone: ( ) - _____ - _____

Cell: ( ) - _____ - _____

Email: _____