



NORTH-WEST BRAMPTON SDA CHURCH BABY DEDICATION REQUEST FORM

“Suffer the little children to come unto me.....” Matt. 19:14

Child’s Information

Full Name:

Gender: Male _____ Female _____

Date of Birth:

Hospital of Birth:

Birth Weight: _____ Meaning of Name: _____

Parents’ Information

Father

Mother

Last Name: _____ Last Name: _____

First Name: _____ First Name: _____

Occupation: _____

Occupation: _____

Contact Information

Address:

Home Phone: _____ Mobile: _____

Email: _____

For Administrative Use ONLY

Approved: _____

Pastor Jermaine Parker

Clerk: _____

Andria Francis

Date of Dedication: _____