

"The Church With A Heart For The Hurting"



True Bethel Baptist Church

Baby Dedication Application

Please check which service you usually attend:

7:45 9:30 11:00 12:00 (NF)

Child's Name **PRINT**:

First: _____ Middle _____ Last _____

Date of Birth _____ Phone _____

Parents Name(s) to be printed on certificate:

Mother: _____

Father: _____

Email: _____

Mailing Address:

Street: _____ City _____ Zip _____

Contact Person: _____

Relationship: _____ Phone # _____

Email Address: _____

Date of Dedication: _____