

## **BABY DEDICATION FORM**

## MACEDONIA MISSIONARY BAPTIST CHURCH BABY DEDICATION FORM

are me
Parent Mother(Email:)
Phone Mother:
Membership: Member: Non Member:
Parent Father(Name:)
Parent Father(Email:)
Phone Father:
Membership: Member: Non Member:
Parents' Marital Status:
Single: Married: Divorced:
Child's Name:
First: Last:
Date of Birth: Gender:
First: Last:
Date of Birth: Gender:
Desired Date:

PLEASE SUBMIT FORM TO PASTORAL ADMIN. OFFICE AFTER COMPLETED

Parent Mother(Name:)