



BABY DEDICATION FORM

NAME OF PARENTS: _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

CHILD'S NAME(S): _____

MEANING OF NAMES:- 1 _____

2 _____

3 _____

GENDER: _____ DATE OF BIRTH: _____ / _____ / _____

DATE OF DEDICATION: ____ / ____ / ____ PREFERRED SERVICE FOR DEDICATION: _____

WHICH AREA/DISTRICT DO YOU BELONG TO? _____

DO YOU ATTEND FRIENDSHIP CENTRE MEETINGS? _____

DISTRICT HEAD

AREA PASTOR/COORDINATOR

PLEASE NOTE:

- BABY DEDICATION TAKES PLACE 1ST SUNDAY OF EVERY MONTH (THANKSGIVING SUNDAY).
- Kindly mail a picture of both parents (father and mother ONLY) and the baby/babies to infohub@globalimpactng.org latest by the Thursday preceding the Dedication Service.
- Completed forms should be returned to the Area Pastor/Coordinator, District Head