



## 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 CHILD DEDICATION: \_\_\_\_\_

WHICH AREA/DISTRICT DO YOU BELONG TO? \_\_\_\_\_

DO YOU ATTEND FRIENDSHIP CENTRE MEETINGS? \_\_\_\_\_

\_\_\_\_\_  
DISTRICT HEAD

\_\_\_\_\_  
ZONAL HEAD/PASTOR

**\*\*PLEASE NOTE: BABY DEDICATION TAKES PLACE IN ALL SECOND (2nd) SERVICES ON THANKSGIVING SUNDAY (1<sup>ST</sup> SUNDAY OF EVERY MONTH).**

**\*\*Kindly pick a preferred service for your Baby Dedication.**

**\*\*Kindly mail a picture of both parents (father and mother ONLY) and the baby/babies to [infohub@globalimpactng.org](mailto:infohub@globalimpactng.org) latest by the Thursday preceding the Dedication Service.**

**\*\*Completed forms should be returned to the Area Coordinator, District Head or to the Information Desk**