



PARENT INFORMATION

Father's Full Name: _____

Mother's Full Name: _____

Contact No: _____ Date Joined City of David: _____

Address: _____

Are you a born-again christian?: _____

BABY INFORMATION

Baby's Full Name: _____

Gender: _____ Date of Birth: _____

Place of Birth: _____

DEDICATION REQUEST

Preferred Dedication Date: _____

Additional Information/Notes: _____

OFFICE USE ONLY

Comments/Remarks

Booking Officer:		
Date Form Filled:		
Action taken by Booking Officer:		
Event Team Notified:	Yes/No	
Pastor's Notified:	Yes/No	