



BABY BLESSING / DEDICATION FORM

“Suffer the little Children to come unto me”

To fax completed form to Church Office:
202.723.5124

Mother's Name: _____

Father's Name: _____

Baby's/Babies/Child/Children's Name(s): _____

Gender: Male __ **Female** __

Home Phone: () _____ **Email:** _____

Baby's Date of Birth: _____

Hospital of Birth: _____

City/State/Zip: _____

Date of Preference: _____

Second Choice: _____

Note: If Pastor McCleary is unavailable to perform the Dedication, may someone else perform it?

YES

NO

Please place a copy of this form in the following departmental mailboxes: Pastor, Clerk, Sabbath School, Elders, Secretary, and Family Life. Thank You

Approved: _____ **Date:** _____

Pastoral Signature