

Total Deliverance Worship Center
BABY DEDICATION FORM

DATE: _____

BABY'S NAME: _____

DATE REQUESTING: _____

PLACE OF BIRTH: _____

DATE OF BIRTH: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

ARE THE PARENTS MARRIED: _____

MAILING ADDRESS: _____

HOME PHONE: _____

MEMBER OF WHAT CHURCH? _____

(CITY & STATE/COUNTRY)

PASTOR COMMENTS: _____

TDWC Admin Staff Section:

RECEIVED BY: _____ DATE _____

Pastor Approval: _____
Signature

Performed By: _____

Certificate Completed By: _____ Mailed or Delivered On: _____