

Miracle of Faith Mennonite Church

Baby Dedication Information Form

Requested Date of Dedication: _____

Baby's Full Name: _____

Gender: _____ Date of Birth: _____ City/State of Birth: _____

Mother's Name: _____

Address & Phone No. _____

Father's Name: _____

Address & Phone No. _____

Has Father accepted Jesus as Lord and Savior? Circle one: **Yes** **No**

Has Mother accepted Jesus as Lord and Savior? Circle one: **Yes** **No**

Church Parents Belong To: _____

Church Address: _____

Godmother's Name & Address: _____

Godmother's Name & Address: _____

Godfather's Name & Address: _____

Godfather's Name & Address: _____

Please submit completed dedication form to Miracle of Faith Mennonite Church at least one month before the requested date of dedication.