

Dedication Document



Mother's Name: _____

Father's Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone _____ Cell _____

Baby's Name: _____

Birthday: _____ Place of Birth _____

Eyecolor _____ Hair Color _____ Height _____ Weight _____

God Mother's Name: _____

God Father's Name: _____

Siblings Name: _____

Maternal Grandmother Name _____

Maternal Grandfather Name _____

Paternal Grandmother Name _____

Paternal Grandfather Name _____

(This form will be kept on file in the church office)