

Calvary Chapel Santa Fe Springs
REQUEST FOR BABY DEDICATION

PARENTS' INFORMATION

(Please use additional paper if necessary)

Names of Parents: _____

Telephone: _____ Best Time to Contact: _____

☐ Home ☐ Cell ☐ Other: _____

Marital Status: ☐ Married ☐ Divorced ☐ Single Parent ☐ Unmarried ☐ Unmarried, living together

FATHER'S Name: _____ Relationship if not child's Father: _____

Are you a born-again Christian? ☐ Yes How long? _____ ☐ No

Is CCSFS your home fellowship? ☐ Yes How long? _____ ☐ No

Please describe your relationship to the Lord: _____

Why do you want to dedicate your child to the Lord? _____

Signature: _____ Date: _____

MOTHER'S Name: _____ Relationship if not child's Mother: _____

Are you a born-again Christian? ☐ Yes How long? _____ ☐ No

Is CCSFS your home fellowship? ☐ Yes How long? _____ ☐ No

Please describe your relationship to the Lord: _____

Why do you want to dedicate your child to the Lord? _____

Signature: _____ Date: _____

CHILD'S INFORMATION

Name: _____ Age: _____

DATE(S) REQUESTED FOR DEDICATION

(Baby Dedication Services are held Sundays at 12:00 p.m. Service)

1st Choice: _____ 2nd Choice: _____

We will be contacting you within one week from the time we receive your request. Thank you.

FOR OFFICE USE ONLY: Reviewed by: _____ Date: _____ ☐ Approved ☐ Pending