

Baby Dedication Form

Infant's Name: _____

Date of Birth: _____

Father's Name: _____

Mother's Name: _____

Address: _____

City: _____ **Zip Code:** _____

Telephone #: _____

Siblings: _____

God Fathers: _____

God Mothers: _____

Maternal Grandparents: _____

Paternal Grandparents: _____

Date of Dedication: _____