



PARENT / BABY DEDICATION

Date of request for dedication: _____

Parents' Names: _____
Father and Mother

Baby Being Dedicated: _____
First Middle Last

Date of Birth: _____
Month Day Year

God Parent' Name (s) _____

Sisters' and/or Brothers' Names: _____
Age(s): _____

Are both parents enrolled in a Fellowship CBC Sunday School Department? _____

Are you and your family members of Fellowship CBC? _____

Father: When were you saved and baptized? _____

Mother: When were you saved and baptized? _____

Address _____
Zip _____

Phone Numbers: _____
(Home) (Mobile) (Work)

RELATIVES: (Those who are attending the dedication.)

Grandparents: (Father's parents) _____

Grandparents: (Mother's parents) _____

Are they members of Fellowship CBC or from out of town? _____

If out of town, what city? _____

Are baby's parents in any leadership position in the church? (please indicate) _____

Are baby's grandparents in any leadership position? (please indicate) _____

(Please return completed form to the FCBC Church office minimum 2 weeks prior to Dedication Date)