

East Leesville Baptist Church

Baby Dedication Form

Parent(s) Information

(Please print below)

Father's Name

Mother's Name

Address

City

State

Phone Number

Zip Code

Child's Information

First Name

Middle Name

Last Name

Generation (Jr., Sr., II, etc.)

Date of Birth

Gender: Male Female

By signing below, I testify that I am Born-again and I will, to the best of my ability and with God's help, lead a Godly life before my child/children.

Father's Signature

Date

Mother's Signature

Date