



New Testament Temple Church of God

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BABY DEDICATION APPLICATION

PLEASE PRINT

NAME OF CHILD: _____
FIRST MIDDLE LAST

Date of birth: MM _____ DD _____ YY _____ sex: M F

Hospital in which child was born : _____

INSTRUCTION:

DEDICATION DATE: _____

Dedications are schedule for the **2nd Sunday** of each month at the **11:30 am** service. This form must be completed and returned to the office **two weeks** in advance of the dedication date. If there are any changes, I must notify the administrator 5 days prior to the date of my baby's dedication. An offering of dedication is customary with each baby dedication and is due on day of dedication in envelope provide.

Mother's name: _____ **Marital Status:** _____

Address: _____

Home: _____ Cell: _____ Email: _____

Father's name: _____ **Marital Status** _____

Address: _____

Home: _____ Cell: _____ Email: _____

Godfathers' names : _____

Godmothers' names : _____

REMINDER : All parties present at the dedication (**parents, godparents, relatives and friends**) **must be dressed appropriately** . Skirts should be a respectable length and cleavage (bust) or thighs should not be visible. It is important always to remember that the altar is a **Holy Place** therefore those approaching it are required to dress accordingly.

I have read and accept the above guidelines for the dedication of my child.

Mother's signature _____

Father's signature _____

Minister _____

Date submitted: _____