



PINN
MEMORIAL
Baptist Church

Baby Dedication Form

Requested Date: _____ Approved Date: _____

Child's Name _____

Birthdate _____

Hospital _____

Mother's Name _____

Father's Name _____

God-mother's Name _____

God-Father's Name _____

Maternal
Grandparents _____

Paternal Grandparents _____

Deacon assigned _____

Deaconess assigned _____

Contact Number for
parents _____

Deadline for baby
photo _____

Deacon Chairman's _____

Signature _____