GLAD TIDINGS ASSEMBLY OF GOD

BABY DEDICATION APPLICATION

(Please fill in the details and tick where appropriate)

I/We would like to dedicate my/our child to the Lord in the church on (date) ☐☐ - ☐☐ - ☐☐

Father's Name:

Contact No (Mobile): ☐☐☐ - ☐☐☐☐☐☐☐☐

Mother's Name:

Contact No (Mobile): ☐☐☐ - ☐☐☐☐☐☐☐☐

Contact No (Home): ☐☐ - ☐☐☐☐☐☐☐☐

Service Attending: ☐ Saturday ☐ Sunday, 1st Service ☐ Sunday, 2nd Service

Cell Group: _____ ☐ Member ☐ Regular ☐ Visitor

Child's Full Name :
(According to Birth Cert)

Please affix Child's Picture here

Gender: ☐ Male ☐ Female

Date of Birth: ☐☐ - ☐☐ - ☐☐☐☐

Place of Birth:

Child No: ☐ 1st Child ☐ 2nd Child ☐ 3rd Child ☐ 4th Child

Parents, the first responsibility is yours. Do you as parents promise that:

You will live an exemplary life before the child that he/she may by example know what it is to be a Christian,
You will make your home a "school" where he/she shall receive Christian instruction,
You will see that he/she is taken to church for additional instruction,
You will pray for his/her salvation when he/she reaches the age of accountability, and that you will endeavor to lead him/her to Christ? ☐ Yes ☐ No

Date: _____ Signature: _____

Note:

*Baby Dedication held in the church is applicable for babies 2 years old and below.