



GENERATIONS CHURCH

LOVING GOD, LOVING PEOPLE, SERVING THE WORLD

REQUEST FOR BABY DEDICATION

Date Requested (*Sunday only*) _____ 1st choice: _____
2nd choice: _____

Child's Full Name: _____ Birthdate: _____

Mother's Name: _____ Father's Name: _____

Grandparent's Names (*if attending baby dedication*):

Please list any interesting information about your child that could be included in the dedication ceremony (*e.g. favorite foods, colors, toys, movies, talents, abilities*):

Generations Church Pastor requested to perform ceremony: _____

We would like to create a 60-90 second slideshow with pictures of your baby to display at the beginning of the dedication. Please provide 10-12 photos by email, CD, or photo prints two weeks prior to dedication.)

How many seats would you like reserved for you and your guests? _____

This form should be completed and returned to the church office at least two weeks before the 1st choice date. Please note that due to a busy church calendar, **your first date choice may not always be accommodated.** The church office will notify you as soon as possible with the approved dedication date. Please call the church office at 575-4054 or email info@gctlh.org with any questions you may have.

Approved by:

Lead Pastor: _____ Date: _____