



FIRST BAPTIST CHURCH OF HAMPTON

Baby Dedication Request

Today's Date: _____

Requestor's Name: _____

Member of FBCH: ___ Yes ___ No

Requestor's Address: _____

Requestor's Contact Number: _____

Relationship to Child: _____

Full Name of Child to be Dedicated: _____

Child's Date of Birth: _____

Mother's Name: _____

Member of FBCH: ___ Yes ___ No

Father's Name: _____

Member of FBCH: ___ Yes ___ No

God-Mother's Name: _____

Member of FBCH: ___ Yes ___ No

God-Father's Name: _____

Member of FBCH: ___ Yes ___ No

Baby Dedications are held on the Second Sunday of each month. Reserved seating is available for the family. Please indicate the total number of anticipated guests.

Total Number in Attendance: _____

Please indicate any special needs or accommodations:

Signature

Date



For Office Use Only