

AGAPE COMMUNITY CHURCH
BABY DEDICATION
APPLICATION FORM

Baby's Name : _____

Date of Birth : _____

Weight at birth : _____ Sex: _____

Father's Name : _____ Tel : _____

Mother's Name : _____ Tel : _____

Parents' Address : _____

Active Email Address : _____

Parents' Desire : _____

FOR OFFICIAL USE ONLY

Date of Dedication : _____

Dedication Certificate
Issued On : _____

Dedicated By : _____

Serial No of
Dedication Certificate : _____