



TRUE LIGHT MISSIONARY BAPTIST CHURCH

Baby Dedication Request Form

Anthony F. Halley, II Pastor

Congratulations on your desire to dedicate your child to the Lord! Our church is eager to assist you in this important matter. This is truly a momentous and reverent time in the life of you and your child.

Baby Dedication ceremonies are held only on 1st Sundays approved by administration office. Once your application is received in the office, the church administrator will call to confirm schedule of dedication date. At the conclusion of the ceremony, a Certificate of Dedication and a bible will be presented to the parents.

IMPORTANT: Turn the attached Request Form into the church office one month prior to the requested date. You may contact the church administrator at 713-861-8437 for scheduling questions.

For any special needs Deaconess Francis Kennedy will need to be contacted at 281-931-8958.

Child's Information	
Full Name:	
Date of Birth:	
Hospital of Birth:	
Gender:	Male _____ Female _____

Parent's Information	
Mother's Full Name:	
Father's Full Name:	
Street Address:	
City:	
State:	
Zip:	
Mother's Phone:	
Father's Phone:	
Mother's Email:	
Father's Email:	

Due to the spiritual nature of the questions asked during the Baby Dedication Ceremony, it is helpful for the Pastor to understand the marital and living situation of both parents.

Which of the following best describes the parents' marital and living situation?

Are one or both parents born again Christians?

Yes No Still considering Unsure what this means

The Parents are:

- Married and living together
- Never married and living together
- Never married and not living together
- Divorced
- Separated
- Other (please explain) _____

God Parent's Information

God Mother's Full Name:	
God Father's Full Name:	
God Mother's Phone:	
God Mother's Email:	
God Father's Phone:	
God Father's Email:	

Who will participate in the Baby Dedication Ceremony? (Check all that apply)

Both parents Mother only Father only Godparent(s)

FOR OFFICE USE ONLY:

Date Received: _____ Date Approved: _____ Approved By: _____

Parent's Notified: _____ Email Confirmation Sent: _____

Upon review and approval/denial, please forward all information to the Baptismal Ministry and Deaconess Ministry. .
Provide parent(s) with an email confirmation detailing the event. Upon completion of all items; sign, date, copy, and file.

Church Administrator

Date

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