



<u>FOR OFFICE USE ONLY</u>	
Date Received: _____	Received by: _____
Date Approved: _____	Approved by: _____

Church Office Hours:
Monday – Thursday, 10 a.m. to 2 p.m.
(440)-786-8480 Office

BABY DEDICATION REQUEST FORM

If you would like to have a baby/child dedicated at FCOG, please submit one form per child. **Please be advised that your requested Baby Dedication date is not confirmed until you have received confirmation from the church office.**

CHILD'S INFORMATION

Child's Full Name: _____ Gender: Male Female

Date of Birth: ____/____/____
 Month Day Year

Requested Month and Date of Dedication: _____ Second Option: _____

PARENTS INFORMATION

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

Full Address: _____
(Please include City, State and Zip)

Primart Phone Number: (____) _____ Secondary Contact Number: (____) _____

Email Contact: _____