



SLMMBC

ST. LUKE MEMORIAL MISSIONARY BAPTIST CHURCH

Baby Dedication and Certificate Request Form

Date of Request: _____ Requested by: _____

Date Requested for Dedication: _____

Child's Full Name: _____ Gender: _____

Date of Birth: _____ Place of Birth (City, State): _____

Parents: _____

Address: _____

Phone Number: _____

Grandparents: _____

Great-Grandparents (if living): _____

God-parents: _____

Siblings: _____

For Office Use Only:

DEDICATION – Form Received: _____ Received By: _____

Date approved for Dedication _____ Pastor Notified _____

CERTIFICATE AND POWERPOINT – Photos received _____

Date Completed: _____ Audio/Visual Ministry Notified _____