



ARIMA CHURCH OF THE NAZARENE

Baby Dedication Form

We are pleased to assist you as you dedicate your child to the Lord. Please complete this form in its entirety and submit to the church office at least two weeks before the event.

| CHILD'S INFORMATION | | | |
|---|------------------------------------|---------------------------------------|---|
| Full Name | | | |
| Date of Birth <i>(dd-mm-yyyy)</i> | | Place of Birth | |
| Gender | MALE <input type="checkbox"/> | FEMALE <input type="checkbox"/> | |
| PARENTS' INFORMATION | | | |
| Mother's Name | | | |
| Phone Contact | | Email Address | |
| Does the mother attend Arima Nazarene: | Regularly <input type="checkbox"/> | Occasionally <input type="checkbox"/> | Never <input type="checkbox"/> |
| Is the mother a born again Christian? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Still considering <input type="checkbox"/> Unsure of what this means <input type="checkbox"/> |
| Father's Name | | | |
| Phone Contact | | Email Address | |
| Does the father attend Arima Nazarene: | Regularly <input type="checkbox"/> | Occasionally <input type="checkbox"/> | Never <input type="checkbox"/> |
| Is the father a born again Christian? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Still considering <input type="checkbox"/> Unsure of what this means <input type="checkbox"/> |
| Home Address | | | |
| Which best describes the parent's marital status and living situation? | | | |
| Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married and living together <input type="checkbox"/> Never married and not living together <input type="checkbox"/> | | | |
| Who will be participating in the Baby Dedication Ceremony? Both parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> | | | |
| Is this your first baby dedication at Arima? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Date of dedication: _____ <i>(Please tick which service you want the baby to be dedicated at)</i> First Service <input type="checkbox"/> Second Service <input type="checkbox"/> | | | |
| Would you like to be contacted about special services, programs or events for your child at Arima in the future? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| GOD PARENTS' INFORMATION (separate multiple names with a comma) | | | |
| Female Godparents | | | |
| Male Godparents | | | |

Submitted by: _____

Date: _____

| OFFICIAL USE ONLY | | | | |
|-------------------|--|----------------------|--|--------------------|
| Date of Service | | Officiating Minister | | Certificate Issued |