



**Faith Fellowship Community Church**  
 5937 Watt Avenue  
 North Highlands, CA 95660  
 (916) 339-9156 (Voice) - (916) 339-9005 (Fax)  
 Dr. Melvin G. Barney, Esq., Senior Pastor

## BABY DEDICATION REQUEST FORM

(Baby dedications are conducted on the 4<sup>th</sup> Sunday of the month.)

**Parents please email completed form to [info@faithfellowshiplive.org](mailto:info@faithfellowshiplive.org)**

Date: \_\_\_\_\_

**PLEASE PRINT:**

<b>Family Last Name:</b>	<b>Active Member:</b>	<b>Yes</b>	<b>No</b>
<b>Father's Full Name:</b>			
<b>Mother's Full Name:</b>			
<b>Address:</b>			
<b>City/Town:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Mobile Telephone:</b>	<b>Email:</b>		
<b>Child's Full Name:</b>			
<b>Date of Birth:</b>	<b>City of Birth:</b>	<b>State of Birth:</b>	
<b>Godmother's Name:</b>			
<b>Godfather's Name:</b>			
<b>Maternal Grandparents:</b>			
<b>Fraternal Grandparents:</b>			
<b>Dedication Month Requested:</b>	<b>1<sup>st</sup> Choice</b> _____ <b>2<sup>nd</sup> Choice</b> _____		
<b>Would you like a DVD of the Dedication for a cost of \$20.00?</b>	<b>Yes</b>	<b>No</b>	

**FOR OFFICE USE ONLY:**

**Office Verification:**

Date Availability Verified: \_\_\_\_\_

Pastor Contacted: \_\_\_\_\_

<b>Dedication Date Finalized:</b> _____
<b>Pastor:</b>

**Confirmation Call to Family**

***Dedication Information:***

<b>Pastor:</b>
<b>Dedication Date:</b> _____ <b>Time:</b> _____

**Certificate Given**

**Other Information:**
