



## Infant Dedication (up to 6 months)

Please complete all information on this form. Thank You.  
(please print)

Infant's Full Name:

Date of Birth:

Place of Birth:

Weight:

Height:

Boy:  Boy

Girl:  Girl

Parent's Full Names:  Phone:

Phone:

Are Parents members of New Hope? (Which Parent?)

Are Parents Legally Married?  YES  NO (Check one answer)

Address:

God Parents' Full Names:

Grandparents Full Names:

Preferred Date of Dedication:

(Note: Dedication will be scheduled per the church office calendar)

