



## Parent-Child Dedication

Full Name of Child to be Dedicated: \_\_\_\_\_

\_\_\_\_ Male    \_\_\_\_ Female

Worship Service in Which You Wish to Participate: \_\_\_\_\_ 9:00 \_\_\_\_\_ 10:30

Child's Date of Birth: \_\_/\_\_/\_\_    Age of Child on day of Dedication \_\_\_\_\_

Parent(s) Names \_\_\_\_\_

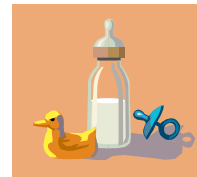
Parents are: \_\_\_\_ Church members    \_\_\_\_ Sun. school members    \_\_\_\_ Other

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Other Siblings in the Home and their Ages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Special Scripture Verse (and reference) Chosen for Child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form to the education office of Severns Valley Baptist Church with photos of your child and family. Please label your photos and they will be returned to you following the dedication.

