

Galilee Missionary Baptist Church, Inc.

4129 Northampton Drive
Winston-Salem, North Carolina 27105
336-724-3857

Baby Dedication Form

(Please complete entire form, and return to the Church Office. If any information does not apply, please insert N/A)

Child's Name _____
(First) (Middle) (Last)

Child's Date of Birth _____ / _____ / _____ Place of Birth: _____
Month Day Year (City/State)

Parent (Mother) _____
(First) (Middle) (Last)

Complete Address: _____
(City/State/ZIP)

Phone Number: _____ Alternate Phone Number: _____

Parent (Father) _____
(First) (Middle) (Last)

Complete Address: _____
(City/State/ZIP)

Phone Number: _____ Alternate Phone Number: _____

Maternal Grandparents _____ Paternal Grandparents _____

Godmother _____ Godfather _____

Are parents members of this church? _____ Mother _____ Father _____ Grandparents

Date requested for Baby Dedication: _____
1st Choice 2nd Choice