



ALDERSHOT NEW TESTAMENT CHURCH OF GOD

83 VICTORIA ROAD, ALDERSHOT, HANTS, GU11 1SH

TEL: 01252 316212

APPLICATION FORM FOR BABY DEDICATION

Please Complete this form in BLOCK CAPITALS – This information is need so that we can provide for you a Certificate of Baby Dedication

Child's Full Name.....(Male/Female)

Date of Birth.....

Place of Birth.....

(e.g. St George's Hospital, London)

Father's Name.....

Mother's Name.....

Contact Address.....

.....

Telephone Number.....

God Parents.....

.....

.....

Date of Requested Dedication.....

Thank you for completing this form. Please can you kindly return it to **Pastor Malcolm Cummins** at least 1 week prior to the requested Dedication date.