



INFANT DEDICATION REQUEST FORM

Parent's Name: _____ **Email:** _____

Street Address: _____

City: _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Child's Full Name: _____ () Male () Female

Birthday: _____ **Birthplace:** _____

- Have you accepted Jesus Christ as your personal Lord and Savior? If so when?

Father _____

Mother _____

- Have you been baptized? If so when and where?

Father _____

Mother _____

- Are you a member of a church? If so where?

Father _____

Mother _____

- Would you be interested in becoming members of Mosaic Community Covenant Church?

Father _____

Mother _____

_____ Information provided is for pastoral staff eyes only