

Spirit and Truth Worship Center  
277 Main Street  
Loganville, GA 30052

Curt W. Buckmire    Nedra L. Buckmire  
Senior Pastor        Pastor



## **BABY DEDICATION FORM**

*(Please fill out all forms completely and legibly; and return to the church office)*

TODAY'S DATE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
(AS IT WILL APPEAR ON THE DEDICATION CERTIFICATE)

FATHER'S FULL NAME: \_\_\_\_\_

MOTHER'S FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

ARE YOU CURRENTLY A MEMBER OF SPIRIT AND TRUTH WORSHIP CENTER?

YES

YES, WE BOTH ARE

NO

**PLEASE SUBMIT (2) REQUESTED DATES OF DEDICATION IN ORDER OF PREFERENCE**

1<sup>ST</sup> CHOICE: \_\_\_\_\_

2<sup>ND</sup> CHOICE: \_\_\_\_\_

**Please note that you will be contacted by the church office after authorized approval.**

### **FOR OFFICE USE ONLY**

Approved By: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Parents Notified By: \_\_\_\_\_

Date Notified: \_\_\_\_\_

Which Request Date Was Approved:  1<sup>st</sup> Choice

2<sup>nd</sup> Choice

Certificate Completed On: \_\_\_\_\_