House on the Rock, The Refuge, Abuja

BABY DEDICATION FORM

PLEASE FILL IN BLOCK LETTERS.

Name of Person/Spouse/Family ____

Address ____

____

Contact Phone Number(s)
Father's contact: ____
Mother's contact Number: ____

What is the name of your PCC and its PCC leader? ______________________________
____

Have you been through our Refuge Academy membership class? ___________________
Are you a member of a department in Church? __________________________________
If yes, which department? ____

Baby dedication is on the 3RD Sunday of every month.
____

Sex of the baby ________________________________

When did you get married? ____

When was your baby born? ____

What are the baby's names with meaning? (ONLY 3 NAMES)

FIRST NAME:____

MIDDLE NAME: ____

SURNAME: ____

NOTE: BABY DEDICATION CLASS IS COMPULSORY FOR BOTH PARENTS.

____
Signature

NB: Please note that you still need to follow-up on the confirmation of your proposed baby dedication by calling the **Church Office (08092966651)**

Please in the case of a baby dedication if your spouse is not going to accompany you please let us know with due reasons.

We reserve the right to decline from conducting the thanksgiving for appropriate reasons which would be communicated to you.
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FOR OFFICIAL USE

I hereby confirm that _____ has been approved for thanksgiving on occasion of (event) _____ on (date) _____

_____
For Resident Pastor