



# ***Mt Zion Interdenominational Ministries***

***2315 24th Avenue N.  
Minneapolis, MN 55411  
763-202-5216***

## ***BABY/CHILD DEDICATION FORM***

### **Child/Children Information**

First Name  Last Name

Date of Birth  Sex  M  F

First Name  Last Name

Date of Birth  Sex  M  F

### **Parents Information**

Father's First Name  Last Name

Father's Address

City  State  Zip

E-mail  Tel

Mother's Name  Last Name

Mother's Address

City  State  Zip

E-mail  Tell

Marital Status

Has parents accepted Jesus as Lord and Savior?   
 Mother  Y  N  Father  Y  N

Are parents active members of Zion?   
 Mother  Y  N  Father  Y  N

Why do you want to dedicate your child?

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**Other Information**

List the names, numbers, and roles of everyone accompaning you at the alter (Godparents (GP); Grandparents (GNP))

Name	Tel	Role	GP GNP
Name	Tel	Role	GP GNP
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Name	Tel	Role	GP GNP

Sign \_\_\_\_\_ Date