

Baby Dedication Application

Instructions: Please complete a separate form for each child. Applications can be submitted via email to sidt-inc@hotmail.com or in person.

Child's First Name: _____ Child's Last Name _____
Gender: Male or Female _____ Date of Birth (mm/dd/yyyy) _____

Parent/Guardian's Name _____

Address _____ City _____

State _____ Zip/Postal Code _____ Phone Number _____

Email _____

Parent/Guardian's Name _____

Address _____ City _____

State _____ Zip/Postal Code _____ Phone Number _____

Email _____

Will someone serve as god-parents for the child? YES or NO

If yes, please provide first and last name of god-parent(s)

Are you a member of Staten Island Deliverance Temple? _____

If no, name of local church you attend. _____

Signature _____

Date _____