



# New Life Anointed Ministries International Baby Dedication/Baby Blessing Request Form

## Part I

Today's Date: \_\_\_\_\_

### Child's Information

Child's Name: \_\_\_\_\_  
**FIRST MIDDLE LAST**

Date of Birth: \_\_\_\_\_ Sex of Child: Male / Female

### Hospital Information

Name of Hospital: \_\_\_\_\_ / \_\_\_\_\_  
**CITY/STATE**

### Parent's Information

Father's Name: \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address: \_\_\_\_\_  
**STREET CITY STATE ZIP CODE**

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Sponsor/God-parents: \_\_\_\_\_  
**(Only one set of God-parents will be allowed on the platform)**

Requested Date & Alternate: 1. \_\_\_\_\_ 2. \_\_\_\_\_

### Special Notes:

- ‡ Baby Dedications are performed on 3<sup>rd</sup> Sundays at the 11:00am service ONLY.
- ‡ Baby Blessing Ceremonies are scheduled by Ministerial Availability.
- ‡ Complete this form and return it to the Administrative Office.
- ‡ Keep in mind that you must check-in with the Administrative Assistant at 10:45 am on the day of the dedication. After 10:00am check-in with Lead Service Technician. Families arriving after 10:00am may have to reschedule their ceremony for the next available date.

## Part II (office only)

Request received on: \_\_\_\_\_ Request received by \_\_\_\_\_

Associate Pastor's Review: \_\_\_\_\_

Counseling scheduled for \_\_\_\_\_ Schedule by \_\_\_\_\_

Counseling completed by: Phone/In Person/N/A On \_\_\_\_\_

Remarks: \_\_\_\_\_

Dedication/Blessing Scheduled for: \_\_\_\_\_ Room Assignment \_\_\_\_\_

Parent's notified by: \_\_\_\_\_ on \_\_\_\_\_

Official Certificate completed by: \_\_\_\_\_ on \_\_\_\_\_