



Baby Dedication Registration Form

Parents Name _____

Street Address _____

City _____ State _____ Zipcode _____

Home Number _____ Cell Phone _____

1st Child's Full Name _____

Male Female Birthdate: _____ Birthplace (City/State) _____

2nd Child's Full Name _____

Male Female Birthdate: _____ Birthplace (City/State) _____

3rd Child's Full Name _____

Male Female Birthdate: _____ Birthplace (City/State) _____

. Have you accepted Jesus Christ as your personal Lord and Savior? _____

How long have you been attending True Gospel Christian Church?

- Less than 12 months
 1-2 years

- 3-5 years
 More than 5 years

You may submit this form by via Fax at 478-250-9593 or return it to one of our ushers. If you have any further questions please call us Mon-Fri 9am-5pm at 478-250-9593 ext '0' or TrueCare@TrueGospelCC.com.