GLAD TIDINGS ASSEMBLY

Application for Baby Dedication

Child's Full Name: _____

Date of Birth: _____/_____/_____
DD MM YY

Place of birth (hospital name): _____City: _____

Father's Full Name: _____

Mother's Full Name: _____

Address: _____Apt:_____

City: _____Postal Code: _____

Home Phone: _____Business Phone: _____

Email:_____

Please fill in the service date & time you will be attending.

Choose from available dates posted online at www.gtalondon.org/events/babydedication

Sunday, _____ @ 9:30 AM ☐ 11:30 AM ☐
Month/Day/Year

We, as parents, understand that Baby Dedication is not an act whereby our baby becomes a member of the Church of the Lord Jesus Christ or of Glad Tidings Assembly, but it is following a Biblical principle whereby Jesus laid His hands on the little children and blessed them. We further understand that Baby Dedication is as much a Parent Dedication service.

Parents' Signatures _____

_____

Matthew 19:12-14 [13]Then little children were brought to Jesus for him to place his hands on them and pray for them. But the disciples rebuked those who brought them. [14]Jesus said, "Let the little children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these."