



Application for Baby Dedication

UNITED APOSTOLIC CHURCH INC.
205-24 Hollis Avenue / St. Albans, New York 11412

PREAMBLE

BABY DEDICATION HAS AT LEAST 2 PURPOSES:

It is the intentional 'offering' of our children back to God. In effect, the child's parents are saying that they are willing to set aside their personal agendas and aspirations for their child and instead make their child 'available' to God for Him to use in whatever way He so chooses. The parents are saying that they will not hinder, but rather support, their child in his/her pursuit of God's best plan for his/her life, whatever that may be. The act of dedication therefore is really a statement of both our gratitude to God, and our confidence and faith in God; the parents are acknowledging that His way is best!

Baby Dedication also provides an opportunity for the parents to make a specific promise to God. The essence of the promise is that the parents will do all they can with the help of God, to raise their child/children in such a way that it is easy for them to know and follow the will of God for their lives.

INSTRUCTIONS & INFORMATION

1. Answer **all** questions. Failure to do so will delay processing.
2. Print your answers.
3. Submit your completed Application Form along with your child's Birth Certificate.
4. The church's office will contact you as soon as your application is processed. A minimum of seven (7) working days to a maximum of fourteen (14) working days is applicable.
5. Cancellation/Rescheduling should be done no later than a week prior to event date.
6. Limited still pictures can be taken at the discretion of the pastor.
7. Certificates will be given after the baby is blessed. Certificates will not be mailed.
8. Donations is accepted towards the purchase of stationery.

QUESTIONS

Mother's Information

Name: _____

Address: _____

Telephone No(s): (H) _____ (Cell) _____

Email: _____

Father's Information

Name: _____

Address: _____

Telephone No(s): (H) _____ (Cell) _____

Email: _____

Baby's Information

Name of Child: _____

Date of Birth: _____ Gender of Child: ☐ Male ☐ Female

Place of Birth: _____

Name of United Apostolic Church Contact (If any)

Name of Member: _____

Relationship to Member _____

Why are you interested in having your child/ward dedicated to the Lord? _____

DECLARATION

I, _____, declare that all answers given by me are true and that any untrue information may disqualify my application.

Applicant's Signature

Date

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FOR OFFICIAL USE ONLY

☐ Request for Baby Dedication approved ☐ Request for dedication not approved ☐ Deferred

Comments: _____

Authorized Signature: _____ Date: _____