



INFANT DEDICATION REQUEST FORM

Living Word Open Bible Church

8900 Stirling Road, Cooper City, Florida 33024

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Senior Pastor: Rev. Karl Francis

Please complete this form and return it to the Church Office

Print Clearly

***Dedication is done on second and fourth Sundays during the 10 AM service.**

Please indicate below the date you will attend, and the number of guests with you.

Date of Service: _____ At 10:00 A.M. Number of guests: _____

Baby's Name: _____ Date of Birth: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Home Number: _____ Home Number: _____

Cell Number: _____ Cell Number: _____

*Copy of Birth Certificate is required. Birth Certificate provided: () Yes () No

1. Name of godparent: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

2. Name of godparent: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

3. Name of godparent: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Is there any other service the church can offer your family? Yes _____ No _____

If yes, please explain: _____

Thank you for allowing us to serve your family. If you have any questions, please call our church office at (954) 438-5604. We look forward to your visit. God bless you and your family.

"And He took them up in His arms, laid His hands on them, and blessed them."

Mark 10:16