

**Cave Spring Baptist Church  
Baby Dedication Form**

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Date the Baby Dedication is scheduled: \_\_\_\_\_

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

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

Siblings: \_\_\_\_\_

\_\_\_\_\_

Grandparents: \_\_\_\_\_

\_\_\_\_\_

Great Grandparents: \_\_\_\_\_

\_\_\_\_\_

Please email [csbcmmediabooth@gmail.com](mailto:csbcmmediabooth@gmail.com) with 10 pictures for the PowerPoint, to be played during the dedication.

If you have any questions, please contact Angie Slaten or Andrea McLemore.