

BABY DEDICATION REQUEST INFORMATION

Ruth Seventh-day Adventist Church

10755 Torbram Rd. Brampton ON L6R 3M9

Congratulations on your desire to dedicate your child to the Lord! Ruth Seventh-day Adventist Church is eager to assist your family in this very important event. Baby Dedication ceremonies are conducted on the 3rd Sabbath (Saturday) of each month. Please be at the church by 10:45 AM.

During the morning worship service, one or two pews will be reserved for each family having a baby dedicated. At the appropriate time in the worship service, The Clerk(s)] will invite parents, and the child being dedicated to come to the front of the sanctuary facing the congregation, to begin the Baby Dedication Ceremony. At the conclusion of the ceremony, an official Certificate of Baby Dedication and a gift will be given to the parents for the child.

We encourage you to stay and listen to the sermon.

Please fill out the Baby Dedication Request form on the back page and return to the church office one month prior to the requested date. You can also email the form to ruthsdaclerks@gmail.com

Children are a heritage from the Lord. He gives them to us to bless us, and because of this, we must be willing to give them back to Him. We too must be willing to totally submit our children to the will of our Father.

**1.
KNOW GOD'S GIFT OF LOVE
Ephesians 2:6-9**

**2.
BE A LIVING EXAMPLE OF CHRIST TO YOUR CHILDREN Proverbs 20:7**

**3.
INSTRUCT YOUR CHILD IN THE WAY OF THE LORD
Proverbs 22:6**

**4.
PRAY CONSTANTLY FOR YOUR CHILD
James 5:16**

**CHURCH PASTOR
Dr. Nerval Myrie**

**Church Telephone:
T. 905-793-7758
F. 905-793-6480**

Ruth Seventh-day Adventist Church
BABY DEDICATION REQUEST FORM

If you would like to have a baby/child dedicated at Ruth Seventh-day Adventist Church please submit one form per child. **(Please be advised that your requested Baby Dedication date is not confirmed until you have received confirmation from the clerk of Baby Dedications).**

Please also include a photo of your baby/child

CHILD'S INFORMATION (Please Print)

Child's Full Name: _____ Gender: __ Male __ Female

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

Weight: _____ Time: _____

Requested Month of Dedication: D/MM/YY _____ Second Option: _____

PARENT'S INFORMATION

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

Address (Please include City, Prov. Code): _____

Home Telephone #: _____ Email Address: _____

Mother's Mobile # _____ Father's Mobile #: _____

Are one or both parents baptized Seventh-day Adventist? __ Yes __ No __

Are one or both parents members of RUTH? __ Yes __ No
