WORD ALIVE CHURCH INTERNATIONAL
8517 RIXLEW LANE, MANASSAS, VA 20109
703.369.6770 Info@thewordisalive.com

BIRTH ANNOUNCEMENT * DEDICATION

Name of Baby: _____
First Middle Last

Date of Birth: _____ Time of Birth: _____
Month Day Year AM or PM

Gender: ___Male _____Female Weight: _____ Length: _____

Birth Place: _____
Hospital City State Zip

Father's Name: _____
First Middle Last

Mother's Name: _____
First Middle Last

Paternal Grandfather's Name: _____
First Middle Last

Paternal Grandmother's Name: _____
First Middle Last

Maternal Grandfather's Name: _____
First Middle Last

Maternal Grandmother's Name: _____
First Middle Last

Other Sibling: _____

Blessings are performed on the 2nd Sunday's of the month pending availability. Please include 3 date preferences. You will be notified of the confirmed date when scheduled.

Date Preference: 1st _____ 2nd _____ 3rd _____

Reserved Seating Requested: _____ number of people

Contact Info: Phone #: _____ Email: _____

Submitted By: _____ Date Submitted: _____

----------OFFICE USE ONLY----------

Received By: _____ Date Received: _____

Approved By: _____ Date: _____

Dedication Date Scheduled: _____ Time: _____

Notes: _____

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