

CHILD DEDICATION FORM

Paren	t/Guardian Name(s)		
Addre	ess		
City			
Phone	e		
Email			
Child's Full Name		Date of Birth	
	h membership is not required but	the following criteria must be agreed	
	Parent(s) have a personal relationship with Jesus Christ		
	Parent(s) are faithful in their weekly church attendance		
	Parent(s) are utilizing their time, talent, and finances to extend Christ's		
	Church	(Continued on back)	

I meet the criteria for a child dedication and would like to have my child dedicated during a Sunday morning worship service. Please contact me with the upcoming dates from the Church calendar for a child dedication.

Signed:	Mother:
	Father:
Life verse (o	ptional):

Family/guests to recognize at dedication (optional):