



CHILD DEDICATION FORM

Child's Full Name.....

Date of Birth.....

Father's Full Name.....

Mother's Full Name.....

Contact Telephone.....

Address.....

.....

Email.....

When did you start fellowshipping at DC?.....

Have you completed the membership class?.....

Date membership certificate was awarded.....

Which department do you belong to?.....

Date..... Signature.....

Approved by (*Office Use*).....

PLEASE ATTACH A COPY OF BIRTH CERTIFICATE WITH COMPLETED FORM AND RETURN TO THE CHURCH OFFICE

All personal details provided will be kept private & confidential