COMMUNITY FELLOWSHIP

Child Dedication – Information Sheet

Return to hmccallum@commfell.org

Date of Dedication:

Service Preferred: [ ]  9:00 a.m. [ ]  11:00 a.m. Effort will be made to accommodate but cannot be guaranteed.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name of Child | Birth date | Age | Birthplace (hospital) |
|      |       |       |       |
|       |       |       |       |

Name of Parent(s):

Names(s) and age(s) of other children:

Address:

Phone

Name of Maternal Grandparents:

Will they be present? [ ]  yes [ ]  no

Name of Paternal Grandparents:

Will they be present? [ ]  yes [ ]  no

Will any other relatives be present: [ ] yes [ ]  no

If “yes,” who?

Is there any special significance in the name of the child you are dedicating?

What is your motivation for dedicating your child?

Is there anything you would like to communicate to the pastor as he plans the dedication of your child?

 Any special prayer concerns/needs for you as the parent and/or for the child?

Any other comments?