



Child Dedication

Request Form

Parents Please Note

All Baby Dedications are scheduled on specific dates, immediately following 11:00 a.m. worship service. Your date will be confirmed.

Child's Name: _____

Date of Birth: _____

Parents: _____

Address: _____

Ph: _____ Cell: _____

Email: _____

Please provide the following information, if they will be at the dedication.

Grandparents (Maternal): _____

Grandparents (Paternal): _____

Godmother: _____

Godfather: _____

Godmother: _____

Godfather: _____

General Information (Check all that Apply)

I/We are members of Kendall Community Church of God

I/We would like to receive a copy of the Church Newsletter

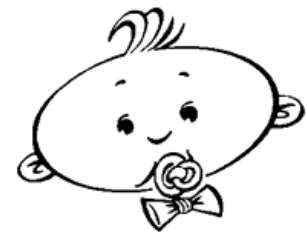
I/We would like more information about becoming a member

I/We would like more information about:

Children's Ministry Youth Ministry

Small Groups Bible Studies

Other opportunities to serve in ministry



For Office Use Only

Date Scheduled _____ immediately following 11:00 am worship service.

Parents notified of date & time on ___/___/___ by _____
(date) (signature)