

Child Dedication Request Form

Father's Name: _____

Mother's Name: _____

Complete Address: _____

Phone Number: _____

Email: _____

Date of Marriage: _____

Do parents attend Evangel regularly?

Yes, since _____

No

How did the parents begin their respective journey with Christ? (Use the reverse side if needed)

Child's Name: _____

Gender:

Boy

Girl

Date of Birth: _____

Does the child have siblings: Yes ___ No ___

Name(s) and age(s) of sibling(s): _____

Date Requested for Dedication: March 29, 2020 ___ May 31, 2020 ___ August 30, 2020 ___

November 29, 2020 ___

Please send a picture of your child (JPEG format) to shannon@evangel.qc.ca to be used during the dedication ceremony

EVANGEL 

Let the little children come to me, and forbid them not: for such is the kingdom of God.

~Mark 10:14