

# 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 31, 2019 \_\_\_ June 30, 2019 \_\_\_ September 29, 2019 \_\_\_

December 29, 2019 \_\_\_

Please send a picture of your child (JPEG format) to [shannon@evangel.qc.ca](mailto: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*