



**Pickering
Pentecostal
Church**

1920 Bayly Street, Pickering, ON L1W 3R6
Tel: 905-428-6888/ Fax: 905-428-8463

CHILD DEDICATION FORM

Date of dedication service (m/d/y): _____

FAMILY INFORMATION:

Child's Last Name: _____

Child's Given Name: _____

Child's Birthdate (m/d/y): _____ Gender: M/F _____

Place of Birth: _____

Mother's Name: _____

Father's Name: _____

Names of other children in the family:

God Parents:

CONTACT INFORMATION:

Family Address: _____

Email address (*optional*) _____

Phone No: (_____) _____ Cell: (_____) _____

Church Affiliation: _____

Form completed by: _____ Date: _____

PLEASE NOTE: After your form is received, you will be contacted by email or by phone to set up an appointment for you to meet with the pastor who will be doing the dedication service.