



Woodbrook Pentecostal Church

53 Gallus Street, Woodbrook

INFANT DEDICATION

CHILD:

1. NAME OF CHILD FOR DEDICATION: _____
(BLOCK LETTERS)
2. DATE OF BIRTH: _____
3. WHEN WAS BIRTH REGISTERED: _____
4. REQUESTED DATE FOR DEDICATION: _____

PARENTS:

5. NAME OF MOTHER: _____

TELEPHONE CONTACT: HOME _____ WORK _____ MOBILE _____

ADDRESS: _____

OCCUPATION: _____

MARITAL STATUS: SINGLE MARRIED DIVORCED COMMON-LAW

6. NAME OF FATHER: _____

TELEPHONE CONTACT: HOME _____ WORK _____ MOBILE _____

ADDRESS: _____

OCCUPATION: _____

MARITAL STATUS: SINGLE MARRIED DIVORCED COMMON-LAW

7. ARE YOU AND/OR YOUR SPOUSE MEMBERS OF WOODBROOK PENTECOSTAL CHURCH? NO YES
8. DO YOU HAVE RELATIVES WHO ATTEND WOODBROOK PENTECOSTAL CHURCH? NO YES
(a) IF YES, PLEASE GIVE NAME AND RELATIONSHIP: _____
(b) IF NO, DO YOU INTEND TO BECOME A MEMBER OF WOODBROOK PENTECOSTAL CHURCH? YES NO
(c) IF NO, EXPLAIN _____

9. WOULD YOU LIKE HELP ON PARENTING? THE CHURCH HAS EXCELLENT INFORMATION ON THIS SUBJECT NO YES

DATE SIGNATURES OF MOTHER SIGNATURE OF FATHER

FOR OFFICE USE:

INTERVIEWED BY (DIRECTOR/STAFF MEMBER): _____

APPROVED/NOT APPROVED

DIRECTOR OF ADMINISTRATION DATE