

**DEDICATION APPLICATION FORM**

**CHURCH OF THE OPEN BIBLE - 12 WASHINGTON BOULEVARD  
KINGSTON 20**

- a) Father's full name.....
- b) Address:.....Tel.....
- c) Mother's full name:.....
- d) Address:.....Tel.....
- e) If you are not the parent, state what relation you are to the Child? Guardian, Uncle, Aunt, Grandparent. Give your full name, address and telephone #.  
.....  
.....
- f) Who will be presenting the child for dedication?  
.....
- g) When do you plan to dedicate the child?.....
- h) Do you understand that dedication does not mean baptism?.....
- i) Will you as the parent or Guardian seek to live in accordance with God's Word, and to establish a family-altar to guide the child into the paths of righteousness and the fear of God?.....
- j) Will you set a good example before the child of what it means to be an active member of a true Bible-Believing Church?.....
- k) Of what Church are you a member? .....
- l) Are you saved?.....Are you married?.....
- m) Do you plan to bring up the child in this faith? .....
- n) Write clearly the child's full name:.....
- o) Date of birth: The .....day of.....200 . (p) Sex: Male { } Female { }
- q) Place of birth:..... (r) Birth certificate entry #.....

Dated the .....day of .....

.....  
 Mother's Signature                                  Father's Signature                                  Guardian's Signature

**Please Note:** Dedication is done on the **Fourth (4<sup>th</sup>) Sunday of each month**. Services begin at 6:45 a.m. and 10:15 a.m. This form should be submitted one week in advance of the dedication service and should be accompanied by a **photocopy of the Birth Certificate and One Hundred Dollars (\$100.00)** for the cost of Printing and Stationery.

**FOR OFFICE USE ONLY**

DATE OF DEDICATION:.....

NAME OF PASTOR:.....

DATE CERTIFICATE DELIVERED: THE .....DAY OF .....

TO WHOM DELIVERED:.....