



Dedication Application

PLEASE PRINT DETAILS IN BLOCK CAPITALS

**N.B. PLEASE DO NOT MAKE ANY ARRANGEMENTS REGARDING THIS REQUEST
UNTIL APPROVAL HAS BEEN RECEIVED**

Child's Details

Full Name of Child.....
(This name will appear on the certificate)

Date of Birth of Child..... Male Female

Parent's Details

Name of Father.....

Name of Mother.....

Address.....
.....

Postcode.....

Home Number..... Mobile.....

Date of marriage/wedding ceremony.....

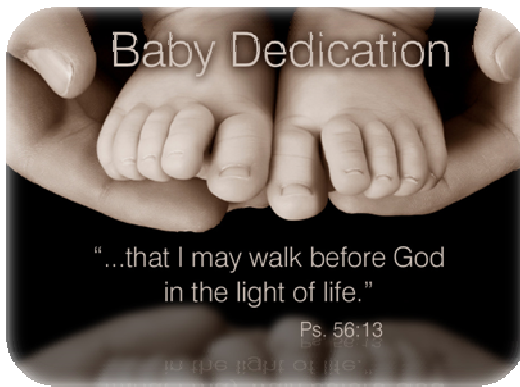
Please tick the box below to indicate which parent has attended the 'Introduction to partnership' at City Gates?

Father Mother

Preferred date of Dedication..... Preferred Service Time.....



Please turn over



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Please give a brief testimony of how you both got saved (in no more than 100 words)

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When completed please return to:
City Gates Christian Centre, 316 High Road, Ilford, Essex, IG1 1QW

OFFICE USE ONLY
Comments:
Authorising Pastor:
Date of Dedication: