

# ***CHILD DEDICATION***

*Name of Child (print)* \_\_\_\_\_

*Birthdate of Child* \_\_\_\_\_

*Birthplace of Child* \_\_\_\_\_  
(city or town)

*Mother's Name* \_\_\_\_\_

*Father's Name* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Phone #* \_\_\_\_\_ *Dedication Date* \_\_\_\_\_

*Sponsor Other than Parent* \_\_\_\_\_

*Attend New Life Church* \_\_\_\_\_ *Members* \_\_\_\_\_  
(yes or no) (yes or no)

*Please put completed form in the church office mailbox*

*New Life Church  
RR2 Box 2904  
Rt. 14 & McMurray Rd.  
Canton, PA 17724*

*Phone: 570-673-5810  
Fax: 570-673-7008  
email: [office@newlifechurchcanton.org](mailto:office@newlifechurchcanton.org)  
website: [www.newlifechurchcanton.org](http://www.newlifechurchcanton.org)*

