

Christ Covenant Chapel Child Dedication Request

Details of Child

First Name
Middle Name:
Last Name:
Date of Birth:
Proposed Date of Dedication: DayMonthYear
Details of Parents
Mother
First Name:
Last Name:
Address:
Zip code:
Tel.: Email:
Are you a member of Christ Covenant Chapel? YES NO
How long have you been in the church?
Are you born again? YES NO
Are you a faithful tither? YES NO
Is the father of the child a member of the church? YES NO
Please explain if you have answered NO to any of the above questions

Father					
First Name:					
Last Name:				• • • • • • • • • • • • • • • • • • • •	
Address:			•••••		
Zip code:	•••••				
Tel.:		Email:			
Are you a member of Chri	st Covenan	nt Chapel?	YES	NO	
How long have you been i	n the churc	h?			
Are you born again?	YES	NO			
Are you a faithful tither?	YES	NO			
Is the mother of the child	a member o	of the church?	YES	NO	
Please explain if you have	answered I	NO to any of the	he above qu	estions	

Bernice Antobre Gyamfi Christ Covenant Chapel- General Secretary 5452 Dupont Ave N Brooklyn Center, MN 55430-3128 Phone: (763) 503-0206

Email: secretary@christcovenantchapel.org

¹ Parents are to complete this form and submit it to the church secretary one month before proposed date of dedication. Christ Covenant Chapel will try its utmost to dedicate the child on the date provided, however the date is not guaranteed, the secretary will contact you if the dedication cannot be held on the date requested. Contact information for Secretary can be found below.