



Fairview church

Parent/Child Dedication Application

Date: _____

Father's Name: Last: _____ First: _____

Mother's Name: Last: _____ First: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: () _____ Cell: () _____

Email Address: _____

Name of Child to be Dedicated:

Full Name: _____

Date of Birth: _____

Siblings Name(s) & Age(s):

Additional Child to be Dedicated:

Full Name: _____

Date of Birth: _____

Are you a member of Fairview Church? Yes No

Are you a regular attender of Fairview Church (2-4 times per month)? Yes No

How long have you attended Fairview Church? _____

To the best of your ability, will you commit to raise your child to know and love Jesus? Yes No

Return this form to Becky Silvey in the church office.