

MIRACLE TEMPLE MINISTRIES – CHILD DEDICATION APPLICATION FORM

All information provided in this application will be kept strictly confidential and used solely for the purposes of review, verification, and administrative processing by Miracle Temple Ministries. This information will not be shared, disclosed, or distributed to any outside party without the applicant's prior consent, except where required by law, or a medical emergency.

REQUESTED DEDICATION DATE:

Section A – CHILD'S INFORMATION

1) First name:		Last name:	
2) Sex of Child: <input type="checkbox"/> Male <input type="checkbox"/> Female			
3) Date of Birth	Year:	Day:	Month:
4) Birth Certificate Registration#:			
5) Name of Hospital:			
6) Full Address	Unit/Floor:	Str.#:	Str. Name:
7) City:	Prov:		Postal code:

Section B – MOTHER'S INFORMATION

8) First name:		Last name:	
9) Date of Birth	Year:	Day:	Month:
10) Mobile #:		Home #:	
11) Email Address:			
12) Full Address	Unit/Floor:	Str.#:	Str. Name:
13) City:	Prov:		Postal code:
**My Address is the same as under Child's Information <input type="checkbox"/>			
14) Your Occupation:			
15) Are you currently a member of Miracle Temple Ministries? Yes <input type="checkbox"/> No <input type="checkbox"/>			
16) Provide the names of your other children, if any:			

Section C – FATHER'S INFORMATION

17) First name:		Last name:	
18) Date of Birth	Year:	Day:	Month:
19) Mobile #:		Home #:	
20) Email Address:			
21) Full Address	Unit/Floor:	Str.#:	Str. Name:
22) City:	Prov:		Postal code:
**My Address is the same as under Child's Information <input type="checkbox"/>			
23) Your Occupation:			
24) Are you currently a member of Miracle Temple Ministries? Yes <input type="checkbox"/> No <input type="checkbox"/>			
25) Provide the names of your other children, if any:			

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Section D – GODPARENT INFORMATION

26) Godmother's name:

27) Phone#:

Email:

28) Godfather's name:

29) Phone#:

Email:

Section E – DEDICATION CHARGE

30) Will you raise your child in the way of the Lord according to Proverbs 22:6?

Train up a child in the way he should go: and when he is old, he will not depart from it. Yes ☐ No ☐31) Will you continue to love each other and the child God has given you so that he/she will experience the meaning of trust and grace? Yes ☐ No ☐32) Will you teach him/her in the Christian faith, and surround him/her with Christian influences through the church and other relationships, and encourage him/her to faith in Jesus Christ?
Yes ☐ No ☐33) Do you promise, to the best of your ability, and God's direction, to raise your child in a Christ-centered home, leading them by your words and example to know, confess, and follow Jesus Christ (within the fellowship of the church)? Yes ☐ No ☐

It is our sincere desire to dedicate our child to the Lord; therefore, we pledge before God Almighty that each of the above questions have been answered truthfully.

Mother's Signature: _____

Father's Signature: _____

Date: _____

Section F - CHURCH RECOGNITION

We, therefore, as an assembly of believers and members of the Body of Jesus Christ, dedicate you:
_____ to God and our fellowship, recognizing that your birth
_____ Was a miraculous one, we pray that the blessings of the lord may be upon you always. Amen

AFFILIATED WITH MIRACLE TEMPLE MINISTRIES**Signature of Pastor:** _____

Reverend, Rayon Smikle, Dip. BA

Date: _____**Signature of Church Secretary:** _____

Sister Sherine Slowley

Date: _____

To the Applicant(s)

Photo will be used for purposes of the Dedication service, and for record keeping only.

Upload/Insert Photo (you can "replace" the image below by double-clicking, then select Chose Image) - or simply attach an image to the return email.



FOR OFFICE USE ONLY
Interviewed by:
Date:
Pastor's Signature:
Date:
Requested Date Confirmed: Yes <input type="checkbox"/> No <input type="checkbox"/>
If requested date declined, provide reason:

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