



Ebenezer SDA Church

P.O. Box 515 Georgetown, Grand Cayman, KY1-1106
CAYMAN ISLANDS

Child Dedication Form

Congratulations on your desire to dedicate your child to the Lord! Ebenezer is eager to assist your family in this very important event. Kindly complete and submit the required information (one form per child). Please be advised that your requested Child Dedication date is not confirmed until you have received confirmation from our church clerk.

Date Being Requested: (1st Choice) _____ (2nd Choice) _____

CHILD'S INFORMATION (Please PRINT)

FIRST NAME: _____ MALE
LAST NAME: _____ FEMALE
MIDDLE NAME(S): _____
DATE OF BIRTH: _____
PLACE OF BIRTH: _____
(Provide Hospital Name, City and State/Country)
BIRTH ENTRY/CERTIFICATE #: _____

PARENTS' INFORMATION (Please PRINT)

MOTHER'S NAME: _____
FATHER'S NAME: _____
ADDRESS: _____
TELEPHONE #s: _____
EMAIL: _____

Are one or both parents members of Ebenezer SDA Church? Yes No

If not, please state church affiliation: _____

Who will participate in the Child Dedication Ceremony?

Both Parents Mother Only Father Only

Other (please specify): _____

I declare that all the information provided is accurate to the best of my knowledge, and agree to have my child/ward dedicated to the Lord on the appointed date.

Name: _____ Relationship to Child: _____

Signature: _____ Date: _____