DEDICATION INFORMATION REQUEST FORM

Name of Baby: Girl/Boy_____

Date of Birth:_____

Name of hospital child was born:_____

Mother's Name:_____

Father's Name: _____

Godmother's Name _____

Godfather's Name _____

Address:_____

Home Phone #:_____

Cell:_____

Email Address:_____

Date of Dedication:_____

Complete separate form for each child's dedication information.

A donation of $25.00 is required

TRUE CHURCH OF JESUS CHRIST FELLOWSHIP CENTRE

Sr. Pastor: Vira Stewart

Assistant Pastor: David Cole

96 HIGHVIEW AVENUE

SCARBOROUGH, ONTARIO, M1N 2H7

TEL: 416-698-2323 Inquiries/Email Transfer: tcjcdonate@gmail.com

Kindly complete requested information and return via email below.