CROSSROADS CHURCH DEDICATION FORM

Infant's Full Name: _____
First **Middle** **Last**

Date of Birth: _____ /_____/_____ **Hospital & City of Birth** _____
month day year

Name of Parent (s): _____ **father**

_____ **mother**

Name of God-Parent (s): _____ **(if applicable)**

_____

Address: _____

City _____ **St** _____ **Zip** _____ **Phone:** _____

Email address: _____

Dedication Dates and Times *(Please circle your preference)*

Saturday 6:00 p.m.	**Sunday 9:00 a.m.**	**Sunday 10:30 a.m.**
February 11, 2012	February 12, 2012	February 12, 2012
May 12, 2012	May 13, 2012	May 13, 2012
August 25, 2012	August 26, 2012	August 26, 2012
November 24, 2012	November 25, 2012	November 25, 2012

Dedications will be done as a group (limited to the first 3 submitted for a particular date and service). ***Forms must be returned two weeks prior to dedication date and an appointment must be made to meet with the Pastoral Staff.*** A picture of your child can be displayed on the screens if submitted to the church office by the ***Sunday before your child's dedication date***. Pictures will be returned with the Certificate. We encourage you to invite family and friends to take part on this special occasion. Due to the sacredness of the ceremony, we ask that personal photography and videography be limited to the lobby. Our Media Ministry will provide a DVD of the ceremony for you and your family.

Please describe what Dedication means to you: _____

_____

_____

Please describe the father's current relationship with God: _____

_____

_____

Please describe the mother's current relationship with God: _____

_____

_____

Parents of child Marital Status: **Married** **Divorced** **Single**

Do you regularly attend CrossRoads Church? **Yes** **No**

Please return this form to the church office @ 2950 West Ray Road, Chandler, AZ 85224-3498
Attention Children's Ministry.
Any questions? Call 480-722-0700