



FAITH FELLOWSHIP MINISTRIES WORLD OUTREACH CENTER

Parent/Child Dedication Form

(At least one parent must be a registered member of FFM to participate in the Dedication Ceremony.)

Child(ren)'s Full Name(s):

_____ Male or Female Date of Birth ____/____/____

_____ Male or Female Date of Birth ____/____/____

_____ Male or Female Date of Birth ____/____/____

Father's Name: _____ CID# _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Mother's Name: _____ CID# _____

If address is not same as above fill out below, otherwise check here if same.

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Please answer the questions below with an 'X' in the box and the date it occurred.
If you are not sure of the exact date, put at least the year.

Are you born-again? **Father:** yes no Date: ____/____/____
Mother: yes no Date: ____/____/____

Are you baptized in the Holy Spirit with the evidence of speaking in other tongues?

Father: yes no Date: ____/____/____
Mother: yes no Date: ____/____/____

Are you registered member of FFMWOC?

Father: yes no Date: ____/____/____
Mother: yes no Date: ____/____/____

Are you married? yes no Date: ____/____/____

Have you previously dedicated a child at FFMWOC? yes no

If yes, Child's Full Name: _____ Date: ____/____/____

Please bring this **completed** form to the Information Center. Your next requirement is to attend a class explaining the meaning of child dedication and your responsibilities as Christian parents. You will be notified by letter within a few weeks of the next scheduled class, once your form has been processed. If you have any questions, please call 732-727-9500, ext. 1405.

For Official Use Only:

Date
 Received: _____
 Record #: _____
 Date Approved: _____
 Class
 Attended: _____
 Ceremony
 Date: _____
 Certificate
 Mailed: _____

Father's Signature Date: ____/____/____

Mother's Signature Date: ____/____/____