



GEORGE TOWN UNITED CHURCHES

Elmslie 10:30am

South Sound 9:00am

DEDICATION OR CHRISTENING *(Select one)*

DATE REQUESTED _____

CHURCH _____ during the AM service

CHILD'S NAME (Last) _____

(First & Middle) _____

SEX _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

(dd) (mm) (yy)

(Birth Certificate of child to be provided)

MOTHER'S NAME _____ Member of Church? _____

OCCUPATION _____ PHONE _____ H _____ W _____

EMAIL _____ CELL _____

STREET ADDRESS _____ P O BOX _____ KY1- _____

MARITAL STATUS _____

FATHER'S NAME _____ Member of Church? _____

OCCUPATION _____ PHONE _____ H _____ W _____

EMAIL _____ CELL _____

STREET ADDRESS _____ P O BOX _____ KY1- _____

MARITAL STATUS _____

OTHER CHILDREN

NAME

D O B

DEDICATED OR CHRISTENED
