

Saints Of Value Ministries **Child Dedication Agreement Form**

Child's Name _____ Birthday: _____ - _____ - _____
Please Print Int. Last Month Day Year

Birth City _____ State _____ Zip _____

Parent's Name _____ Phone: (_____) _____ E-mail _____

Address: _____ City: _____ Zip: _____

Parent's Name _____ Phone: (_____) _____ E-mail _____

Address: _____ City: _____ Zip: _____

God Parent Name (s) _____

Phone: (_____) _____ E-mail _____

Address: _____ City: _____ Zip: _____

God Parent Name (s) _____

Phone: (_____) _____ E-mail _____

Address: _____ City: _____ Zip: _____

I understand we must have birth certificate to receive a **Ministry Seal Certificate!**

Birth certificate **Photo Copy in file** _____

Date of Dedication _____ City Dedicated in _____ State: _____

I as the _____ Parents or _____ Legal Caretaker of this child and I are in agreement for my child to be dedicated

To the Lord! **Please your name** _____

Signature _____ Date _____

Witness by S.O.V. Staff Person

Witness by S.O.V. Staff Person

Verify Birth Certificate & Copied by _____ Photo Copy in file _____