



**TRUTH CENTER**

**CHILD DEDICATION APPLICATION FORM**

**(Please Print Legibly)**

*Date:* \_\_\_\_\_

*Requested Date of Dedication:* \_\_\_\_\_

*Name of Child:* \_\_\_\_\_

*D.O.B.:* \_\_\_\_\_

*Fathers Full Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_  
\_\_\_\_\_

*Telephone No.:* \_\_\_\_\_

*Mothers Full Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_  
\_\_\_\_\_

*Telephone No.:* \_\_\_\_\_

*Place of Birth:* \_\_\_\_\_