

Please read and fill out this form completely and turn into the Family Community Church Office

General Information

Church office address:

6345 Watt Avenue
North Highlands, CA 95660

Hours:

9am to 4:30pm Mon, Tue, Thu, Fri.
The office is closed from noon to 1pm.

Contact Info:

Phone: 916.334.7700
Fax: 916.334.5358
e-mail: Connect@familycc.org.

Schedule Dedication

Turn in your completed packet to Family Community Church office, 6331 Watt Ave, North Highlands, CA 95660

You will receive a call from the office to secure a date for your dedication.
Invite family and friends and choose those who will be a part of the dedication ceremony and join you and your child on the platform.

Day of the event:

Arrive at the church no later than 15 minutes before the scheduled time
Check in with the Head Usher (a greeter will provide this information to you).
Name tags for dedication party will be provided.
You will be escorted to your reserved seats.

Initial _____

Guests

You may invite friends and family to come to the dedication and sit with the congregation. The people you designate to stand in the dedication will need to be written in the Dedication Party section.

Special Accommodations

If there are any special accommodations needed for anyone in your party, please specify upon admission of the Baby Dedication Packet.

Change Notice

Only those names listed on the Child Dedication Form will be permitted to stand with the party for the dedication ceremony. Any changes to the list must be made 48 hours in advance by sending an email to connect@familycc.org.

Initial _____

Parent consent

Godchildren, grandchildren, etc. must have the consent of their parent or legal guardian to be dedicated.

If you have any questions about your individual circumstance, please contact the church office by phone: 916.334.7700 or e-mail: connect@familycc.org.

PLEASE PRINT

Child Information

Child's Name: _____
First Middle Last

Date of Birth: _____ Child's Age: _____

Parent Information

_____ Married _____ Divorced _____ Single

Contact Phone Number: _____

Father's Name: _____ Mother's Name: _____
First/Last First/Last

Address: _____
City State Zip

Dedication Party Information

Please list all siblings and close family that will be standing in for the ceremony. Only list those people who are confirmed to stand in for the dedication ceremony. All of the people who are listed here will be checked in at the time of the dedication and no other persons will be able to be added at that time.

Name (first and last):

Relationship to child:

- | | |
|-----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |

Total number of people in the Dedication Party: _____
(Including child and parents)

Special Accommodations

Please list any special accommodations necessary within your dedication party:

I agree with the terms and conditions stated in this packet:

Signature of Father / Legal Guardian

Signature of Mother / Legal Guardian

Date

FOR OFFICE USE ONLY

Date Processed: _____

Minister Assigned: _____