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CHILD DEDICATION

Child's Name: _____ Date of Birth: _____
(PLEASE PRINT CLEARLY) MM / DD / YYYY

Hospital/Facility of Child's Birth: _____ City: _____

Province: _____ Country: _____

PARENT(S)/GUARDIAN

Mother's Name: _____ Telephone: _____

Father's Name: _____ Telephone: _____

Name of Legal Guardian(s): _____ Tel: _____
(ONLY LIST IF DIFFERENT FROM MOTHER OR FATHER)

GODPARENT(S) INFORMATION (COMPLETE IF APPLICABLE)

Godmother's Name: _____ Godfather's Name: _____

ADDRESS FOR DEDICATION CERTIFICATE

(NOTE: In the unlikely event the dedication certificate is not presented at child's dedication, please provide a mailing address.)

Address: _____ City: _____ Prov: _____

Postal Code: _____

OFFICE USE ONLY

Date for dedication: _____ Date entered into system: _____
MM / DD / YYYY MM / DD / YYYY