Baby Dedication Form



1913 E. 22nd St. Atlantic, IA 50022 Email: church.hha@gmail.com www.hillsidehopeag.com (712) 243-5044

Please fill out, as you want it to appear on the certificate. (please print)

This is to certify that

(Child's Full Name)

Was born and

Presented to the Lord in Dedication

By

(Parent's first and Last names)

Please return completed form to:
Hillsdie Hope Assembly
1913 East 22nd Street • Atlantic, IA 50022
or email to church.hha.com

Information

Child's Name (First, Middle & Last)	
Parent(s) Nam	es	
Date of Birth		
Weight	Length	Color of Eyes
Place of Birth		
Other Children		
Other Children		
Name of maternal grandparents and how many grandchildren		
Name of paternal grandparents and how many grandchildren		
	ents about: dedicatio th or personal comm	
Other Information you might want us to know		
		_