

Zion Hope Church BABY DEDICATION REQUEST FORM



If you would like to have a child dedicated at Zion Hope Church, please submit one request form per child. **PLEASE PRINT CLEARLY and submit this form to the church by mail, fax, email or in person.**

Zion Hope Church
Attn: Edna Rogers
5950 E. 46th Street
Indianapolis, IN 46226

Phone: (317) 547-4397
Fax: (317) 545-8817

Email: emr@ZionHopeChurch.org

CHILD'S INFORMATION

Child's Full Name: _____ Gender: ___ Male ___ Female

Date of Birth: ____/____/____ Hospital where child was born: _____
Month Day Year

PARENTS INFORMATION

Parent Name(s): _____

Full Address: _____
(Please include City, State and Zip)

Mobile Phone Number: (____) _____ Email Contact: _____

Home Phone Number: (____) _____ Other: _____

Are one or both parents members of Zion Hope Church? ___ Yes ___ No

ADDITIONAL INFORMATION: