



Truth Transformation Worship Center

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www.itistruth.org * <https://www.facebook.com/truthtransformationministries>

Dr. Roderick S. Hawthorne, Senior Pastor * Pastor Crystal W. Hawthorne, First Lady

Baby / Child Dedication Request Form

Please complete this form to submit your formal request.

Date of Today _____

Child's Full Name: _____, _____, _____
FIRST MIDDLE LAST

Child's Date of Birth: _____ / _____ / _____ Child's Age: _____

Birth Place: _____ Gender: Male Female

Please submit names in the spaces below that you desire to be displayed on the dedication certificate:

Mother's Full Name: _____, _____, _____
FIRST MIDDLE LAST

Father's Name: _____, _____, _____
FIRST MIDDLE LAST

Godparent's Name: _____, _____, _____
FIRST MIDDLE LAST

Godparent's Name: _____, _____, _____
FIRST MIDDLE LAST

Grandparent's Name: _____, _____, _____
FIRST MIDDLE LAST

Grandparent's Name: _____, _____, _____
FIRST MIDDLE LAST

Grandparent's Name: _____, _____, _____
FIRST MIDDLE LAST

Grandparent's Name: _____, _____, _____
FIRST MIDDLE LAST

Contact Information:

Name of person making request for dedication: _____

Street Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____ Cell #: _____

Email Address: _____ Relation to child: _____

Are you a partner at Truth Transformation Ministries? Yes No

Office Use Only

Scheduled Date of Ceremony: _____ Time: _____

Child's photo taken/received: Yes No Dedication Certificate completed: Yes No

Has contact person been informed of date of ceremony and seating place? Yes No

Special seating arrangements _____

TTM office member executing the above request _____ Date: _____