

**AFFIDAVIT CONCERNING BAPTISM
WHEN A CERTIFICATE CANNOT BE FURNISHED**

This affidavit concerns the baptism of

Please Type or Print:

1. Your name _____
Street Address _____
City/State/Zip _____ Phone _____
2. Your religion _____ Do you believe in the sanctity of an oath? _____
3. What is your relationship to the above-named person? _____
4. How long/how well have you known this person? _____
5. Was this person ever baptized? _____ If so, what religion? _____
6. When did this baptism take place? _____
7. Who performed this baptism? _____
8. Where did this baptism take place? _____
9. How do you know this baptism took place? _____
10. What religion does this person now practice? _____

I swear that my answers are true according to my knowledge and belief.

Witness signature _____

This statement was sworn to and signed in my presence.

Priest/Deacon _____

Parish _____

City/State/Zip _____

PLEASE RETURN THIS FORM TO:

Church _____

Address _____

City/State/Zip _____