



**STS. SIMON & JUDE CATHOLIC CHURCH
OFFICIAL WITNESS AFFIDAVIT**

Full Name of Child to be Baptized: _____

PLEASE FILL OUT THIS FORM COMPLETELY (Please Print)

Witness Name: _____

Full Address: _____

Phone Number: _____

Email Address: _____

As a Christian Witness, I testify that:

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 1) I am over 16 years of age. | | |
| 2) I am not a parent of the child to be baptized. | | |
| 3) I was baptized in a Christian Church | | |

What is the Name of the Christian Church _____

- 4) Was your baptism done by immersion or pouring of water on head, with the minister reciting the words, "I baptize you in the name of the Father, the Son and the Holy Spirit

I DECLARE THAT I AM A BAPTIZED CHRISTIAN WITNESS.

Witness signature: _____