



CHRISTIAN WITNESS AFFIDAVIT

CHILD'S NAME TO BE BAPTIZED _____
First Middle Last

CHRISTIAN WITNESS NAME: _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ EMAIL _____

AS A CHRISTIAN WITNESS, I TESTIFY THAT:

YES NO

- | | | |
|---|--------------------------|--------------------------|
| 1. I am over 16 years of age. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I am not a parent of the child to be baptized. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I was baptized in a Christian church. | <input type="checkbox"/> | <input type="checkbox"/> |

What is the name of the Christian church? _____

- | | | |
|--|--------------------------|--------------------------|
| 4. Was your baptism done by immersion or pouring of water on the head, with the minister reciting the words, "I baptize you in the name of the Father, the Son and the Holy Spirit?" | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

I DECLARE THAT I AM A BAPTIZED CHRISTIAN WITNESS.

WITNESS SIGNATURE _____ DATE _____