



**ARCHDIOCESE OF AGAÑA**  
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**Hagatña, Guam 96910-4334**  
**Tel No. 671-472-6116**  
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**INSTRUCTIONS:**

This form is used when there is a verifiable Baptism, but no official document or certificate exists (see Code of Canon Law 876).

**AFFIDAVIT OF BAPTISM (CATHOLIC PARTY)**

**FORM F**

*Please Type or Print*

In the presence of: \_\_\_\_\_  
 (name of Catholic cleric under whose authority this affidavit is accepted by the Catholic Church)

I (we) testify that:

\_\_\_\_\_  
 (full legal name of person baptized)

child of \_\_\_\_\_  
 (full legal name of mother of person baptized)

and \_\_\_\_\_  
 (full legal name of father of person baptized)

born in \_\_\_\_\_  
 (include locality (town, city, county, etc.), region (state, province, territory, etc.), and country)

on the \_\_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_  
 (day of birth) (month of birth) (year of birth)

**WAS BAPTIZED**

on the \_\_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_  
 (day of Baptism) (month of Baptism) (year of Baptism)

at \_\_\_\_\_  
 (place of Baptism, including church name (or hospital, etc.), locality (town, city, county, etc.), region (state, province, territory, etc.), and country)

by \_\_\_\_\_  
 (name of the individual who performed the Baptism (include the title of the individual, if known))

the godparents (or sponsors) being

\_\_\_\_\_  
 (if known)

and \_\_\_\_\_  
 (if known)

**Witness(es) to the Baptism**

\_\_\_\_\_ Date \_\_\_\_\_  
(signature of witness; this can be the subject of the affidavit if he/she was old enough to remember the Baptism)

\_\_\_\_\_ Date \_\_\_\_\_  
(signature of second witness, if required by the diocese)

**OFFICE USE ONLY (DO NOT FILL IN)**

RECEIVED DATE	RECEIVED BY	Name of Parish & Full Address Receiving Affidavit Record