

BAPTISMAL CHRISTIAN WITNESS TESTIMONY FORM

NAME OF CHURCH: _____

CITY, STATE; _____

I, _____, phone number _____,
(PRINT your Name)

I testify by my signature below that I am qualified to serve as a Christian witness for baptism in the Catholic Church for

(PRINT Name of Infant/Child/Adult to be Baptized)

My Denomination, _____.

Please circle either YES or NO for each question that follows:

YES NO Are you at least 16 years old?

YES NO I attend church on a regular basis?

YES NO I am a member in good standing in my denomination?

Answer the following only if unmarried:

YES NO Are you living with another person in a romantic relationship or as a couple?

I sign this document in the presence of my minister, and understand that by my signature I attest that what I have circled above is truthful.

Christian Witness Signature: _____

Church Representative's Signature: _____

Church Representative's Title: _____

Name of Church _____

City and State: _____

Date: _____

SEAL