



Affidavit Concerning Baptism As An Adult

PLEASE BE ASSURED THIS INFORMATION WILL REMAIN CONFIDENTIAL

Full Name of Adult:

(Include all given names:)

Name of parish:

(Receiver of the Affidavit)

Address of parish:

USE TAB KEY TO MOVE THROUGH FORM. TO SELECT YES or NO, SIMPLY CLICK IN BOX

This affidavit is to be completed before a parish priest or his delegate by the individual who was baptized as an adult in the Catholic Church or in another Christian community. Please type or print your responses.

Address:		
City:	Province:	Postal Code:
Home Phone:	Work Phone:	Cell:
Email address:		
Your Date of Birth:	City/Prov. of Birth:	
Father's Full Name:		
Mother's Name (First and Maiden):		
Date of baptism:	Denomination:	
Name of parish:		
Address of parish:		
Godparents' or Sponsors' Names:		
Name of Clergyman who baptized you:		
How do you know this baptism took place?:		

Do you believe in the sanctity of an oath? YES NO

Do you swear that your answers are true according to your knowledge and belief? YES NO

Your Signature: _____ Date: _____

Witness: *This statement was sworn and signed in my presence.*

Priest / Delegate Name (*please print*): _____

Parish Seal

Priest / Delegate Signature: _____

Parish: _____ Full Address: _____