



Affidavit Concerning Infant Baptism

PLEASE BE ASSURED THIS INFORMATION WILL REMAIN CONFIDENTIAL

Full Name of Infant:

(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 by a parent, godparent, or other eyewitness to the baptism, before a parish priest or his delegate. Please type or print your responses.

Full Name:		Maiden Name:	
Address:			
City:		Province:	Postal Code:
Home Phone:	Work Phone:		Cell:
Email address:			
What is your relationship to the infant?			
Infant Date of Birth:		City/Prov. of Birth:	
Father's Full Name:			
Mother's Name (First and Maiden):			
Have you been baptized? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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: _____