



Diocese of St. Augustine  
11625 Old St. Augustine Road  
Jacksonville, FL 32258  
(904) 262-3200

## Witness Affidavit Regarding Baptismal Status of

\_\_\_\_\_ (first, middle, last name; include maiden name if applicable)

This form is used ONLY when there is a verifiable Baptism, but no official document or certificate exists. This form may be completed by a parent, godparent, or witness to the baptismal ceremony. This form may also be completed by the person themselves if they were an adult or over the age of reason at the time of the ceremony.

**Oath: Do you solemnly swear before Almighty God to tell the whole truth and nothing but the truth in answering the following questions?** \_\_\_\_\_

Witness name \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Your relationship to the above-named person \_\_\_\_\_

I hereby attest that I was a witness at the Baptism of the above mentioned person, that he/she was baptized "in the name of the Father, and of the Son, and of the Holy Spirit," and that he/she was immersed in water or had water poured over his/her head. For a person baptized Catholic, the pronoun "I" must be used in a valid Baptism. Please attach any physical evidence of this Baptism, including but not limited to photos, video, cards, and letters.

Date or Approximate Date of Baptism \_\_\_\_\_

Name of church of Baptism \_\_\_\_\_

Denomination of church of Baptism \_\_\_\_\_

City/State/Zip/Country \_\_\_\_\_

Name of priest/deacon/minister of Baptism \_\_\_\_\_

Names others present at the ceremony \_\_\_\_\_

Your signature \_\_\_\_\_ Date of testimony \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

(Signature should be witness by a priest, deacon, minister, or public notary)