

In the presence of the				
(name of Cat	tholic cleric under wh	ose authority this affidavit is acce	pted by the	Catholic Church)
I (we) testify that				
	(full le	gal name of person baptized)		
child of	(6.11.1 1			
	(full legal name o	f mother of person baptized)		
and	(full legal name of t	ather of person baptized)		
	(tun iegai name or i	auter of person baptized)		
born in(include locality (to	own. city. county, etc.).	region (state, province, territory,	etc.), and co	ountry)
on the(day of birth)	day of	(month of birth)	in .	(year of birth)
	WAS BA	PTIZED		
on the	day of		in	
on the(day of Baptism)	day or	(month of Baptism)	'''' .	(year of Baptism)
at (place of Baptism, including church name (or he			, province, ter	ritory, etc.), and country)
by				
(name of the individual v	who performed the Ba	ptism (include the title of the ind	lividual, if kn	nown))
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	e Baptism))	
		Date		
(signature of second witness, if required by the	diocese)			
Office Use Only:				
Date affidavit received		Received by		
Parish receiving affidavit record				
Full address of parish				