3424 Wilshire Boulevard Los Angeles California 90010-2241

## INFANT BAPTISM WITNESS AFFIDAVIT

Office for

**Divine Worship** 

(213) 637-7262

This form is to be used when there is a verifiable Baptism, but no official document or certificate exists (see Code of Canon Law 876).

Name of witness:

Address of witness:

How is the witness related to the baptized person:

Archdiocese of Los Angeles

Length of time you've known the baptized person:

Were you present at the Baptism?

() Yes

( ) No

How were you made aware of the Baptism if you did not witness it personally?

If known, who was the presiding minister at the Baptism?

If the minister is not Catholic, please specify their denomination:

Can you confidently affirm that the person was baptized?

() Yes

( ) No

The questions below are to be answered by the person verifying their baptism:

Full name of the person at the time of birth (as recorded on the original birth certificate):

Full name of the person at the time of baptism (if different from name recorded on the original birth certificate):

Please indicate if the name has changed from the time the Baptism took place and provide the new name if applicable.



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Date of birth of the baptized person:

Place of birth of the baptized person: (Include town, city, state, province, territory, and country)

Full name of father:

Mother's maiden name:

Date of Baptism (or approximate date):

If you were not baptized in the Catholic Church, in which denomination were you baptized?

If you *were* baptized Catholic, specify which Rite: () Roman Rite () Eastern Rite (please specify):

Name and address of church or territorial parish where the Baptism took place:

Name(s) of godparent(s) if applicable:

## Additional proof of Baptism:

( ) photograph( ) video

"I.

## **Affidavit Statement**

(Witness to sign and date)

, solemnly swear before God

and my conscience that I have told the truth, the whole truth, and nothing but the truth, insofar as I know it."

## Witness Signature: \_\_\_\_\_

Date:



Archdiocese of Los AngelesOffice for3424Los AngelesDivine WorshipWilshireCalifornia(213) 637-7262Boulevard90010-2241

Priest, Deacon, or Parish Minister

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Seal of Church