

## Diocese of Sacramento The Tribunal 2110 Broadway, Sacramento CA 95818 (916) 733-0225 www.scd.org/tribunal

Diocese \_\_\_\_\_ Date \_\_\_\_\_

## Witness Affidavit Regarding Baptismal Status of

(First, Middle, Last Name; include Maiden if applicable) A certified copy of the baptismal certificate is not possible because: (please check reason) ☐ The baptism was not entered into the sacramental register book. This has been verified by the parish. ☐ The parish's records were destroyed by fire or other natural disaster. This has been verified by the parish and/or diocese. □ Other: \_\_\_\_\_ 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 have known the above-named person for years and that: (check one) ☐ He/She is a baptized Catholic. Date of Baptism \_\_\_\_\_ Name of Church and Address/City/State/ZIP \_\_\_\_ ☐ He/She is a baptized Christian. Date of Baptism \_\_\_\_\_ Name of Church and Address/City/State/ZIP ☐ He/She has never been baptized, sprinkled, christened, or initiated into any Christian religion. If you are not a parent or the godparent of the above-named party, what is the source of your knowledge about his/her baptism and religious background? TO BE COMPLETED BY CATHOLIC PASTOR OR HIS DELEGATE: ☐ I know the witness personally <u>or</u> ☐ I have verified his/her government-issued identification. Type and Number: \_\_\_\_\_ (Driver's license, Passport, etc.) Witness Signature Date Pastor or Delegate – Signature Date Affix parish seal or stamp here. Pastor or Delegate – Print Name If deposition is taken outside the Diocese of Sacramento, it must be approved by the Chancery Office of the witness' residence.

Chancellor or Bishop's Delegate