



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

## Witness Affidavit Regarding Confirmation

\_\_\_\_\_  
(First, Middle, Last Name; include Maiden if applicable)

A certified copy of the Confirmation certificate is not possible because: *(please check reason)*

- ☐ The Confirmation was not entered into the parish's sacramental registry 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 responding to this affidavit?" \_\_\_\_\_

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 I witnessed his/her confirmation on (date) \_\_\_\_\_

at (Name of Church) \_\_\_\_\_

(Address/City/State/ZIP) \_\_\_\_\_

### TO BE COMPLETED BY CATHOLIC PASTOR OR HIS DELEGATE:

- ☐ I know the witness personally or  
☐ I have verified his/her government-issued identification.

Type and Number: \_\_\_\_\_  
(Driver's license, Passport, etc.)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pastor or Delegate – Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pastor or Delegate – Print Name

*Affix parish seal or stamp here.*

If deposition is taken outside the Diocese of Sacramento, it must be approved by the Chancery Office of the witness' residence.

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

\_\_\_\_\_  
Chancellor or Bishop's Delegate