



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

Witness Affidavit Regarding Reception of First Communion

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

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

- The First Communion 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 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 First Communion 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