

DIOCESE OF FORT WAYNE-SOUTH BEND

Archbishop Noll Catholic Center
Office of the Vicar General/Chancellor
915 South Clinton Street . P.O. Box 390
Fort Wayne, IN 46801

**AFFIDAVIT CONCERNING BAPTISM
WHEN A CERTIFICATE ABSOLUTELY CANNOT BE FURNISHED**

Name of Person whose baptism is alleged: _____

1. What is your name and address? _____

2. What is your religion? _____

3. What is your relationship to the person whose name appears above? _____

4. How long and how well have you known this person? _____

5. Was the above mentioned person ever baptized? _____

6. If so, in what religion? _____

7. When was the above mentioned person baptized? _____

8. In what church and place? _____

9. By whom? _____

10. Who were the sponsors? _____

11. Were you present at the Baptism? _____

12. If not, how do you know of the Baptism? _____

(A complete explanation of the circumstances is to be made on the reverse side of this page)

13. What religion does this person practice at present? _____

14. (If the baptism was done in a non-Catholic Church) Did the minister use water and say the words
“I baptize you in the name of the Father, of the Son, and of the Holy Spirit”? _____

If not, explain what you witnessed on the reverse side of this page.

I solemnly swear that my answers are true and correct according to my knowledge and belief.

Witness signature: _____

Sworn to and subscribed before me:

Pastor/Parochial Vicar Signature _____ (parish seal)