



DIOCESE OF GARY

9292 BROADWAY
MERRILLVILLE, IN 46410-7088

219-769-9292
219-738-9034 Fax

AFFIDAVIT OF BAPTISM

Chancery/Pastoral Center

This form is used when there is a verifiable baptism, but no official document or certificate exists.

In the presence of _____
(name of Catholic cleric under whose authority this affidavit is accepted by the Catholic Church)

I (We) testify that _____
(full legal name of the person baptized)

child of _____
(full legal name of the mother of the person baptized)

and _____
(full legal name of the father of the person baptized)

born in _____
(include locality [town, city, county, etc], reigion [state, province, territory, etc.] and country)

on the _____ day of _____ in _____
(day of birth) (month of birth) (year of birth)

was baptized

on the _____ day of _____ in _____
(day of baptism) (month of baptism) (year of baptism)

at _____
(place of baptism, including church name [or hospital, etc], locality [town, city, county, etc.], region [state, province, territory, etc.], and country)

by _____
(name of the individual who performed the baptism [include the title of the individual, if known])

the godparents (or sponsors) being _____
(if known)

and _____
(if known)

Circumstances of the baptism and additional testimony:

WITNESS(ES) TO THE BAPTISM:

*I, the undersigned, attest that the answers given above are the truth,
the whole truth, and nothing but the truth, so help me God.*

Signature _____ Date _____
(This witness can be the subject of the affidavit if s/he was old enough to remember the baptism)

Signature _____ Date _____
(Second witness, if required by the diocese)

Were you present at the baptism? _____

Signature of Priest _____ Date _____

Name of Parish _____

Address of Parish _____

Parish Seal



OFFICE USE ONLY:

Date affidavit received _____

Received by _____

Parish receiving affidavit record _____

Address of parish _____
