

2718 W. Woodlawn | San Antonio, Texas 78228-0410 | Phone: (210)734-1959 | Fax: (210) 734-7021 | Email: archive@archsa.org

Affidavit of Witness to Baptism

.,	, attest that
(Printed name of person providing Affidavit)	
Full name of person baptized:	
Born on: at	
Full name of father:	(City, State)
Full name of mother (including maiden name):	
Was baptized into the Roman Catholic Church on:	
At the Church of:	
Sponsors:	(City, State)
Minister of the baptism:	
know this because I am (please check all that apply):	
a parent	
a godparent	
a person present at the ceremony the minister of baptism	
Please describe other information that supports the fact of baptism	
	m:
	m:
	OFFICE USE ONLY
	OFFICE USE ONLY Date affidavit received:
	OFFICE USE ONLY Date affidavit received: Received by:
	OFFICE USE ONLY Date affidavit received:
	OFFICE USE ONLY Date affidavit received: Received by:
Signature of Affiant Date	OFFICE USE ONLY Date affidavit received: Received by: Parish receiving affidavit: