

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

Affidavit of Witness to First Eucharist

n the presence of Rev	,
,	, attest that
(Printed name of person providing Affidavit)	
full name of person receiving First Eucharist:	
Baptized on at at	(Parish)
(City, State)	
ull name of father:	
full name of mother (including maiden name):	
eceived First Eucharist in the Roman Catholic Church on:	
at the Church of:	
it the Church of.	(City, State)
ponsor:	
finister of the Eucharist: know this because I am (please check all that apply): a parent a godparent a person present at the ceremony the minister of the Eucharist lease describe other information that supports the fact of First E	ucharist:
Signature of Affiant Date	OFFICE USE ONLY Date affidavit received: Received by: Parish receiving affidavit: Parish address:
Signature of Pastor Date	Form should be placed in corresponding register' Supporting Document File after being updated.