



729 White St. Toledo OH 43605

419-698-1519

Baptism Christian Witness Form

Name of Child to be Baptized _____

To be completed by the Christian Witness: (Please type or print clearly)

Full Name of Christian Witness: _____ (Maiden) _____

Date of Birth: _____

Church of your Baptism: _____
(Name of Church) (City/State)

Year of your Baptism: _____

"I understand the responsibility I am undertaking as a witness for baptism and I have the desire and the intention to fulfill it."

Signature: _____ Date: _____

This portion must be completed by the pastor or parish staff at the church of the Christian Witness.

I know the above named person to be a Christian who has been baptized. This person participates regularly in the life of his/her church, and is able to fulfill the responsibilities involved in witnessing the Catholic Initiation of another person.

YES _____ NO _____ OTHER _____ (please comment on separate sheet)

SIGNATURE OF Pastor or staff member (list position)

X _____ Date: _____

Church: _____ City/State _____