



# SAINT RAPHAEL

THE ARCHANGEL

# CATHOLIC PARISH

## BAPTISMAL CHRISTIAN WITNESS TESTIMONY FORM

I, \_\_\_\_\_, phone number \_\_\_\_\_,

(PRINT your Name)

testify by my signature below that I am qualified to serve as a Christian witness for baptism in the

Catholic Church for \_\_\_\_\_.

(PRINT Name of Infant/Child/Adult to be Baptized)

**Please circle either YES or NO for each question that follows:**

YES NO

Are you at least 16 years old?

(Contact the Office of Lifelong Faith Formation for exceptions.)

YES NO

Are you baptized in a Christian church?

Name of Church: \_\_\_\_\_

Address of Church: \_\_\_\_\_

Name of Baptizing Minister: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Christian Witness Signature: \_\_\_\_\_