

CERTIFICATE OF ELIGIBILITY FOR CHRISTIAN WITNESS

CHRISTIAN WITNESS FOR:

(Name of person being baptized or confirmed)

NAME OF ADDRESS & PARISH: _____

(Parish where Baptism or Confirmation to be held)

CHRISTIAN WITNESS INFORMATION

I _____ affirm that:

(Please print first and last name)

- I am at least 16 years of age.
- I am a practicing Christian affiliated with a church.
- My baptism is recognized and approved by the Catholic Church (i.e., with the Trinitarian baptismal formula).
- I regularly participate in services on Sundays and Holydays
- I actively strive to live out my commitment to Christ and community life through my loving response to those with whom I come in contact.
- I am not an ex-Catholic, nor have I been baptized in a Catholic Church.

By my signature, I attest to be a practicing Christian who seeks to be admitted as a Christian Witness and solemnly affirm that I fulfill the requirements of the Catholic Church for this role as presented above.

(Christian Witness Signature)

(Date)

TO BE COMPLETED BY THE CHRISTIAN WITNESS'S CHURCH

This is to certify that _____ is
a registered/practicing member of the above-stated church.

_____ is in good standing in this church and that he/she meets the requirements for being
a Christian Witness.

Pastor Signature _____ Date: _____

Church of _____

Address _____

Phone # _____