



PROFESSION OF FAITH WITNESS AFFIDAVIT

This form is used ONLY when there is a verifiable Profession of Faith, but no official document or certificate exists.

Name and Address of Witness: _____

Witness's Relationship to the Professed Catholic: _____

How long have you known the Professed Catholic: _____

Were you present at the Profession of Faith? Yes No
If not, how do you know of the Profession of Faith? _____

In what Diocese was the Profession? _____

Who was the Celebrant? _____

Who was the Sponsor? _____

What was the Confirmation Name? _____

Are you totally confident of the person's Profession of Faith? Yes No
If not, please explain: _____

Name and Address of Professed: _____
(at the time of the Profession) _____

Date of Birth of Baptized: _____

Date of Baptism: _____ Religion of Baptized: _____

Name and Address of Church where _____

Profession Of Faith took place: _____

Additional Proof of Profession of Faith: Photograph Video
(if available) Other _____

"I, _____, solemnly swear before God and my conscience, that I have told the truth, the whole truth, and nothing but the truth, insofar as I know it."

Witness Signature: _____ Date: _____

Priest or Notary: _____ Date: _____