



DIOCESE OF WINONA-ROCHESTER

TESTIMONIAL PROOF OF BAPTISM

Please include as much information as possible in the spaces provided.

I, _____, as a first-hand witness of the Baptism, hereby
PRINT NAME

declare that _____, who is my _____,
NAME OF BAPTIZED PERSON DESCRIBE RELATIONSHIP

was Baptized with water in the name of the Father and of the Son and of the Holy Spirit

on _____, by _____,
DATE NAME OF MINISTER

a _____, at _____.
KIND OF MINISTER (e.g., Lutheran pastor, Catholic deacon) NAME OF CHURCH/INSTITUTION AND LOCATION (CITY, STATE)

With God as my witness, I declare that this is the whole truth to the best of my knowledge.

SIGNATURE OF AFFIANT

DATE

SIGNATURE OF CATHOLIC PRIEST WHO WITNESSED THE SIGNING OF THE AFFIANT