

CHRISTIAN WITNESS FORM

*To be completed by the Christian Witness and Affirmed by the Parent of the child to be baptized
and submitted two weeks prior to the baptism.*

NAME of child to be Baptized (first and last name- please print): _____

Name of Church where the child will be Baptized: _____

Date of proposed Baptism: _____

I (the Christian Witness) was baptized in the name of the Father, and of the Son, and of the Holy Spirit at:

Church: _____ City, State: _____

Christian Witness's name (please print): _____

Signature: _____ Date: _____

Christian Witness Email Address: _____