

AFFIDAVIT CONCERNING CATHOLIC BAPTISM

SELF PROCLAMATION – CALGARY DIOCESE



ROMAN CATHOLIC
DIOCESE
of Calgary

FAMILY NAME:	_____	_____	_____	_____
	Surname	Given Name	Date of birth	Gender
SPOUSE'S NAME:	_____	_____	_____	
	Surname	Given Name		
ADDRESS:	_____	_____	_____	_____
	Street	City	Province	Postal Code
CONTACT INFO:	_____	_____	_____	_____
	Home No.	Work No.	Fax	Email

Will you be truthful in answering these questions? _____

- Are you currently registered at a Catholic Church? Yes No
Name of Church: _____
- Do you have your Catholic Baptismal Certificate? Yes No
Interviewer takes a photocopy of both sides of the certificate and signs the backs.
- Do you have a copy of your Catholic Marriage Certificate? Yes No
Interviewer takes a photocopy of both sides of the Marriage Certificate and signs the backs.

NOTE: If either of these Catholic documents is available, it is not necessary to complete the rest of this form.

- Were you baptized in the Catholic Church? Yes No
- Where were you Baptized? _____
- Name of Church _____
- When were you Baptized? _____
- Name of God-parent(s) or Sponsor: 1. _____
Only one required 2. _____

9. What other sacraments have you received?

Sacrament & date _____
 Sacrament & date _____
 Sacrament & date _____

Information and testimony about others of the family: (specify self-proclamation or witness)

	Surname	Given Name	Gender	DOB	Sacraments & Dates
S P O U S E					
C H I L D R E N					

Other Information:

Given at: _____ Dated: _____

I swear that the information provided is the truth to the best of my knowledge:

Name: _____ Signature: _____
Print

Witness: _____ Signature: _____
Print