

Affidavit Regarding Reception of Sacraments

WITNESS FOR: _____

1. Your full name: _____

Your mailing address: _____

2. Are you related to the above mentioned party? _____. If so, how are you related? _____

3. How long have you known him/her? _____

4. I was present when the Sacrament of: _____ was received.
(Please indicate: Baptism, First Holy Communion, Confirmation)

5. Please indicate name of the Church where the sacrament was received, and date (approximate date if exact date is unknown):

Church	City/State	Date
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Signature of witness Date

Signature of priest or Notary Public

Date City and State

Church or Notary seal:

Return completed form to: Director of Adult Formation
Cluster Parishes of Portsmouth and Chesapeake
3501 Cedar Lane
Portsmouth, VA 23703