

St. Michael the Archangel Catholic Church

8014 State Road 52 ♦ Hudson, Florida 34667-6763 ♦ 727-868-5276

Christian Witness Form

Name of Child to be Baptized: _____

Name of Christian Witness: _____

Address of Christian Witness: _____

Phone Number of Christian Witness: _____

E-Mail Address of Christian Witness: _____

Religious Denomination of Christian Witness: _____

Name of Christian Witness' Church: _____

City and State of the Church: _____

Are you 16 years of age or older? Yes No

Do you regularly practice your faith? Yes No

Are you married? Yes No

If yes, list the place that the marriage took place: _____

Christian Witness Testament:

I affirm that I meet the qualifications, and accept the responsibilities, of being a Christian Witness. I am an active and participating member of my Christian faith and promise to the best of my ability to serve as an example in encouraging this child to participate in the fullness of the Catholic faith.

Christian Witness' Signature: _____ Date: _____