



## *Witness Testimonial*

Holy Spirit Catholic Community  
2003 Hassert Blvd.  
Naperville, IL 60564  
630-922-0081

CHRISTIAN WITNESS FOR: \_\_\_\_\_  
(Name of person being baptized)

### WITNESS INFORMATION

I \_\_\_\_\_  
(please print first and last name, initial each statement and sign below)

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_ I am at least 16 years of age

\_\_\_\_ I am not Catholic but have received the sacrament of Baptism in a Christian faith.

Faith Denomination \_\_\_\_\_

\_\_\_\_ I realize that I assume a great responsibility before God and the Church in witnessing the baptism of

\_\_\_\_\_  
(Name of person being baptized)

\_\_\_\_ I will give support to the person I am sponsoring by my prayers and by the Christian example of my daily life.

By my signature I attest to the truth of these statements.

\_\_\_\_\_  
Sponsor Signature