

2003 Hassert Blvd., Naperville, IL 60564 • 630.922.0081

Witness Testimonial

| CHRISTIAN WITNESS FOR: |
|--|
| (Name of person being baptized) |
| WITNESS INFORMATION |
| T |
| 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. |
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