

Saint Patrick Catholic Church

406 Walnut Street
Yorkville, Illinois 60560
630.553.6671

CHRISTIAN WITNESS - CERTIFICATE OF ELIGIBILITY

Please return this form to Saint Patrick Parish at least two weeks prior to Baptism

I, _____, am a _____ and am currently registered at
(Witness Name) (Denomination)

_____ in _____
(Name of Church) (City/State/Zip)

- I am a Baptized Christian.
- I strive to attend Services at my Church on a regular basis.
- I am at least 16 years of age and have been fully initiated (confirmed) into my Church.
- I understand my responsibility as a Christian Witness.

I have been asked to be a Witness for the Baptism of _____ to be celebrated on
(Name of child to be Baptized)
_____ at Saint Patrick Catholic Church, Yorkville, Illinois.
(Date)

Signature of Christian Witness

Date

To be filled out by the Church where Witness is currently registered

THIS IS TO CERTIFY

That _____, is a participating member of this Parish.

Reverend _____
Signature of Pastor

Printed Name _____

Church of _____

City/State _____

Phone Number _____

Date

