



# St. Patrick Parish

406 Walnut Street, Yorkville, IL 60560 | (630) 553-6671

## CHRISTIAN WITNESS - CERTIFICATE OF ELIGIBILITY

**Please return this form to St. 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)*

### **FOR CHRISTIAN WITNESS'S CHURCH ONLY**

#### THIS IS TO CERTIFY

To the best of my knowledge, \_\_\_\_\_, is a participating member of this church.



Reverend \_\_\_\_\_  
*(Signature of Pastor)*  
Printed Name: \_\_\_\_\_  
Church of: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
*(Date)*