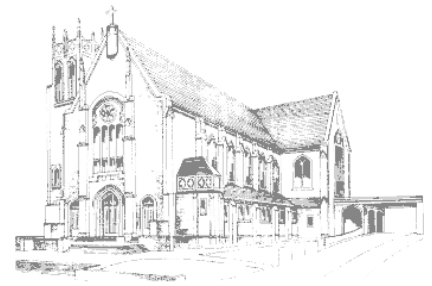


CATHEDRAL OF ST. JOHN BERCHMANS  
939 JORDAN STREET, SHREVEPORT, LA 71101  
PHONE: 318-221-5296 FAX: 318-221-8076



**CHRISTIAN WITNESS CERTIFICATION**

Baptism Details:

Full Name of child (*please print*): \_\_\_\_\_

Anticipated date of Baptism: \_\_\_\_\_

**SECTION ONE:**

I acknowledge (or truthfully state before God) the following:

- I am a baptized Christian.  Yes  No
- I am at least sixteen years of age.  Yes  No
- I affirm that I am not the parent of the child to be baptized.  Yes  No
- I regularly attend services at my church.  Yes  No
- I am a registered member of \_\_\_\_\_ Church, in \_\_\_\_\_, \_\_\_\_\_.  
Name of ChurchCityState

I recognize that Christian Witnesses have a special responsibility in the Sacrament of Baptism. I will undertake the ministry of a Christian Witness by promising to lead a life of faith and to help this child lead a Christian life in keeping with the Sacrament of Baptism.

I hereby testify that I fulfill all these requirements to serve as a Christian Witness.

Name (*please print*): \_\_\_\_\_  
firstmiddlemaidenlastsuffix

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION TWO :**

This section must be properly completed and signed by a representative from your church.

I hereby testify that \_\_\_\_\_ is a registered member of this church and has affirmed that he / she fulfills all of the requirements to serve as a sponsor.

\_\_\_\_\_  
Signature of Church Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

St. John's Church Office Use:  Current baptism certificate with notations  \_\_\_\_\_  
 Baptism Seminar at St. John's – date \_\_\_\_\_  Non-SJB Baptism Seminar Certificate – date \_\_\_\_\_