



DIOCESE OF ALTOONA-JOHNSTOWN
TESTIMONY FOR BAPTISM DETERMINATION

This document is to be completed for a Candidate (the already baptized) for whom there is no verification of baptism after a thorough search has been done. The completed form is to be mailed to the Chancellor of the Diocese of Altoona-Johnstown for authorization. It will be returned to the parish for official sacrament documentation.

CANDIDATE

Full Name: _____
(Include maiden name)

Address of Candidate: _____

City/Town **State** **Zip Code**

WITNESS

Full Name: _____
(Include maiden name)

Address of Witness: _____

City/Town **State** **Zip Code**

WITNESS QUALIFICATIONS:

1. Are you related to this party? _____
 - a. If so, in what determination? _____
 - b. If not, how long have you known this candidate? _____
2. Are you aware that this candidate is contemplating full membership in the Catholic Church? _____

WITNESS STATEMENT ON BAPTISMAL STATUS:

1. To your knowledge has this party ever been baptized or “christened” in any Christian denomination? _____
(Please note: a “Dedication” is not a baptism)
2. Were you present at the celebration of baptism? _____
3. What was the age of the candidate when he/she was baptized? _____

4. **Where did the baptism take place?** _____
Please name the Church, denomination, and location as fully as you can

5. **Can you recall if the baptism was performed in the Trinitarian formula
 “I baptize you in the name of the Father, and of the Son, and of the Holy Spirit” as water
 was being poured or the candidate was being immersed (or plunged) in water?**

6. **Do you recall any family members or others who were present too?**
List by name or relation: _____

INTENT AND CAPACITY

**If the candidate was baptized at the age of fourteen or older, were you aware that their request to
 be baptized was made in full freedom without any outside pressure? ___Yes ___No**

If “No” please explain _____

 Signature of Witness

 Signature of Pastor or Administrator

 Parish

_____ _____
 Place Date

(Seal of Parish)

Approved and accepted with authority of the Diocese of Altoona-Johnstown.	
_____ Signature of Chancellor	
_____	_____
Place	Date
(Seal of Chancery)	

**Please mail to: Diocese of Altoona-Johnstown
 Mrs. Teresa M. Stayer, Chancellor
 2713 West Chestnut Avenue
 Altoona, PA 16601**