



Diocese of St. Augustine
11625 Old St. Augustine Road
Jacksonville, FL 32258
(904) 262-3200

Witness Affidavit Regarding Confirmation Status of

_____ (first, middle, last name; include maiden name if applicable)

This form is used ONLY when there is a verifiable Confirmation, but no official document or certificate exists. This form may be completed by a parent, sponsor, or witness to the Confirmation ceremony. This form may also be completed by the person themselves if they were an adult or over the age of reason at the time of the ceremony.

Oath: Do you solemnly swear before Almighty God to tell the whole truth and nothing but the truth in answering the following questions? _____

Witness name _____

Address/City/State/Zip _____

Your relationship to the above-named person _____

I hereby attest that I was a witness at the Confirmation of the above-mentioned person, that he/she was confirmed with the words "be sealed with the Gift of the Holy Spirit" and anointed with Sacred Chrism. Please attach any physical evidence of this Confirmation, including but not limited to photos, video, cards, and letters.

Date or Approximate Date of Confirmation _____

Name of church of Confirmation _____

Denomination of church of Confirmation _____

City/State/Zip/Country _____

Name of Bishop/priest who conferred Confirmation _____

Names others present at the ceremony _____

Your signature _____ Date of testimony _____

Witness _____ Date _____

(Signature should be witness by a priest, deacon, minister, or public notary)