



Christian Witness Affirmation Form

Christian Witness Name _____

Acting as Christian Witness for _____

Christian Witness's Church _____

Church City/State _____

In accepting this responsibility and signing this form, I commit that the following statements are true:

- I have received the Sacraments of Baptism
- I am striving to live the Gospel message in my daily life, and I am supporting others in their Christian Faith, especially those for whom I have responsibility
- I am ready to support _____ (child's name) on his/her Catholic Christian journey, especially through my prayers and example of Christian living

Signature of Christian Witness

Date

Church Representative Signature

Date

The above is certified to be a sponsor for the Sacrament of Baptism

Please return this completed form by mail or e-mail to:

St. Raymond Parish | E10455 Mallard Rd | Fall Creek, WI 54742

715.877.3400 | straymondparish@gmail.com