

AFFIDAVIT VERIFICATION
For the Purpose of Correcting Information
In Sacramental Registers

NAME OF SACRAMENT: _____

I, _____, testify that _____,

Received the Sacrament of _____ on _____ in
(date)

_____, _____,
(Church) (City)

_____, _____.
(State) (Country)

I was present that day and witnessed the reception of the sacrament.

“I solemnly swear that the information I have given is true to the best of my knowledge.”

Signature of Person Who Received Sacrament

PRINT NAME: _____

Witness I (Signature)

PRINT NAME: _____

Witness II (Signature)

PRINT NAME: _____

Notary

Date

SEAL OF NOTARY