



HOLY NAME OF JESUS
CATHOLIC COMMUNITY

RCIA—Testament of Baptism

Please complete below if there is no formal record of baptism and return to the RCIA Coordinator in the Life Center Office or email to rcia@hnj.org.

Date _____ Full Name (First, Middle, Last) _____

Street Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Date of Birth _____ Exact Date of Baptism _____

Name of Church and City/St where baptized _____

Name of Minister who performed the baptism _____

Name of Godparents, Sponsors, or those witnessing baptism _____

Father's Full-name _____

Mother's Full-name at birth _____

Name of person who is testifying to details about Baptism:

Print Name _____ Signature _____

Date of Testimony _____