



**FIRST COMMUNION WITNESS AFFIDAVIT**

*This form is used ONLY when there is a verifiable First Communion, but no official document or certificate exists.*

Name and Address of Witness: \_\_\_\_\_  
\_\_\_\_\_

Witness's Relationship to the First Communicant: \_\_\_\_\_

How long have you known the First Communicant: \_\_\_\_\_

Were you present at the First Communion?  Yes  No  
If not, how do you know of the First Communion? \_\_\_\_\_

Who was the Minister? \_\_\_\_\_

Are you totally confident of the person's First Communion?  Yes  No  
If not, please explain: \_\_\_\_\_

**Name and Address of First Communicant:** \_\_\_\_\_  
**(at time of the Sacrament)** \_\_\_\_\_

Date of Birth of Baptized: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Place of Baptism: \_\_\_\_\_

Religion of Baptized: \_\_\_\_\_ If Catholic:  Roman (Latin Rite)  
 Eastern Rite  
(Specify) \_\_\_\_\_

Name and Address of Church where \_\_\_\_\_

First Communion took place: \_\_\_\_\_

Date of First Holy Communion: \_\_\_\_\_

Additional Proof of First Communion:  Photograph  Video  
(if available) Other \_\_\_\_\_

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**"I, \_\_\_\_\_, solemnly swear before God and my conscience, that I have told the truth, the whole truth, and nothing but the truth, insofar as I know it."**

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Priest or Notary: \_\_\_\_\_ Date: \_\_\_\_\_

Seal