

## AFFIDAVIT OF CONFIRMATION

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

I (we) testify that \_\_\_\_\_  
(Full legal name of person confirmed)

child of \_\_\_\_\_  
(Full legal name of mother of person confirmed)

and \_\_\_\_\_  
(Full legal name of father of person confirmed)

born in \_\_\_\_\_  
(Include Locality (town, city, county, etc.), Region (state, province, territory, etc.), and Country)

on the \_\_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_  
(Day of birth) (Month of birth) (Year of birth)

### WAS CONFIRMED

on the \_\_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_  
(Day of Confirmation) (Month of Confirmation) (Year of Confirmation)

at \_\_\_\_\_  
(Place of Confirmation, including Church Name (or hospital, etc.), Locality, Region, and Country)

by \_\_\_\_\_  
(NAME of the individual who performed the Confirmation, including TITLE, if known)

the sponsor being \_\_\_\_\_  
(If known)

and \_\_\_\_\_  
(If known)

Witness to the Confirmation

\_\_\_\_\_ Date \_\_\_\_\_  
(Signature of witness--this can be the subject of the affidavit if old enough to remember the Confirmation)

**Notarization:** I do hereby certify that the above named individual making this sworn statement in writing did appear before me in person with sufficient identification.

\_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Notary Public or Priest or Deacon)

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**Office Use Only:** Date affidavit received \_\_\_\_\_ Received by \_\_\_\_\_