



Holy Family Parish
919 NE 96th Street
Kansas City, MO 64155

Date: _____

Dear Christian Pastor:

_____ has requested to be a Christian Witness for the
Name
baptism of _____ /child yet to be born, son/daughter of
Name of Child
_____. We are asking you to verify that this individual is
Name(s) of Parents
a practicing, baptized Christian in good standing in your church by signing below. If married to
a Catholic, the marriage must have been celebrated in or recognized by the Catholic Church.

This form should be returned *BY MAIL* to:

Baptism Coordinator
Holy Family Catholic Church
919 N.E. 96th Street
Kansas City, MO 64155

Any questions should be directed to the Parish Office, 816/436-9200.

This verifies that _____ is a practicing, baptized Christian
Name
in good standing at _____ Church, _____
Name of Church *City/State*
_____, and is an active participant in his/her faith.

Signature of Pastor

Title

Date

Place Church Stamp/Seal below or print complete address

This form must be returned at least two months prior to proposed date of baptism.