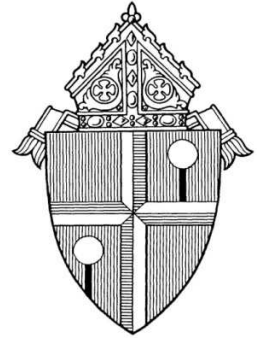


# THE OFFICE FOR CANONICAL AFFAIRS

DIocese OF HONOLULU • ST. STEPHEN DIOCESAN CENTER  
6301 PALI HIGHWAY, KANE`OHE, HAWAI`I 96744-5224  
[808] 203-6766 • WWW.CATHOLICHAWAII.ORG



Name _____	
Prot. No. _____	<b>Office Use Only</b>

## Witness Affidavit Regarding Baptismal Status

Check one:  of Petitioner     of Respondent

*Regarding the invocation of the Pauline privilege*

*(From the party's parent or another person who has known the party since birth)*

Petitioner's name \_\_\_\_\_

Respondent's name \_\_\_\_\_

**Oath: Do you solemnly swear before Almighty God to tell the whole truth and nothing but the truth in answering the following questions? \_\_\_\_\_**

Print your name \_\_\_\_\_

Your address \_\_\_\_\_

Your relationship to the party \_\_\_\_\_

I hereby attest that I have known the above stated party for \_\_\_\_\_ years and that

he/she has never been baptized, sprinkled, christened or initiated into any Christian religion

has been baptized into the Church of Jesus Christ of Latter Day Saints

has been baptized/initiated into the following religion(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you are not a parent of the party, what is the source of your knowledge about the party's religious background? \_\_\_\_\_

\_\_\_\_\_

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of a witness \_\_\_\_\_ Date \_\_\_\_\_  
*(Witness for this affidavit should be an adult other than the petitioner or respondent.)*