

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

Date:	_
Dear Christian Pastor:	
baptism of	has requested to be a Christian Witness for the/child yet to be born, son/daughter of We are asking you to verify that this individual is od standing in your church by signing below. If married to
a Catholic, the marriage must have be	en celebrated in or recognized by the Catholic Church.
This form should be returned BY MAI	L to: Baptism Coordinator Holy Family Catholic Church 919 N.E. 96 th Street Kansas City, MO 64155
Any questions should be directed to the	ne Parish Office, 816/436-9200.
This verifies that	is a practicing, baptized Christian
in good standing at	Church,City/State is an active participant in his/her faith.
Signature of Pastor	Title
Date	Place Church Stamp/Seal below or print complete address
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This form must be returned at least two months prior to proposed date of baptism.