



**Diocese of Sacramento  
The Tribunal**  
2110 Broadway, Sacramento CA 95818  
(916) 733-0225  
[www.scd.org/tribunal](http://www.scd.org/tribunal)

## Personal Affidavit Regarding My Confirmation

My Name \_\_\_\_\_  
*(First, Middle, Last Name; include Maiden if applicable)*

Address/City/State/ZIP \_\_\_\_\_

A certified copy of my confirmation certificate is not possible because: *(please check reason)*

- The confirmation was not entered into the sacramental register book. This has been verified by the parish.
- The parish's records were destroyed by fire or other natural disaster. This has been verified by the parish and/or diocese.
- Other: \_\_\_\_\_

Oath: "Do you solemnly swear before Almighty God to tell the whole truth and nothing but the truth in completing this affidavit?" \_\_\_\_\_

I hereby attest that I remember my confirmation and that:

I was confirmed on \_\_\_\_\_

Name of Church and Address/City/State/ZIP \_\_\_\_\_

I was \_\_\_\_\_ years old when I was confirmed.

My confirmation sponsor was \_\_\_\_\_  
*(First, Middle, Last Name)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**TO BE COMPLETED BY CATHOLIC PASTOR OR HIS DELEGATE:**

- I know this individual personally or
- I have verified his/her government-issued identification.

Type and Number: \_\_\_\_\_  
*(Driver's license, Passport, etc.)*

\_\_\_\_\_  
*Pastor or Delegate – Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Pastor or Delegate – Print Name*

Affix parish stamp or seal here.

If deposition is taken outside the Diocese of Sacramento, it must be approved by the Chancery Office of the witness' residence.

Diocese \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Chancellor or Bishop's Delegate