

St. Margaret of Scotland Catholic Church

777 NE Blackwell RD. Lees Summit, Mo 64086
816-246-6800 Fax 816-246-9858

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
St. Margaret's Catholic Church
777 NE Blackwell Rd
Lees Summit, MO 64086

Any questions should be directed to the Parish Office, 816/246-6800.

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 **three weeks prior** to proposed date of baptism.*