

# Diocese of St. Augustine

## Sponsor/Godparent Eligibility Form

Person Receiving  
Sacrament

Full Name of Candidate \_\_\_\_\_ for ☐ Baptism ☐ Confirmation

Parish Name \_\_\_\_\_

Parish Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Date Sacrament(s) to be Administered: Baptism \_\_\_\_\_ Confirmation \_\_\_\_\_

From the Code of Canon Law: Sponsors for the Sacraments of Baptism and/or Confirmation must be Catholics who have been confirmed and have received the Sacrament of Eucharist. They must be free from canonical penalty and must lead a life in harmony with the faith in keeping with the function to be undertaken. (Canons # 874 & 893)

Sponsor Information

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Please read and check the following affirmations if they are true:

- ☐ I am at least 16 years of age.
- ☐ I have celebrated the sacraments of Baptism, Confirmation, and Eucharist.
- ☐ I participate in Sunday Mass regularly.
- ☐ (If married) My marriage was celebrated according to the norms of the Catholic Church.
- ☐ I am not married.
- ☐ I understand the responsibility I am undertaking and have both the desire and intention to fulfill it faithfully.
- ☐ I participated in the baptismal (not required for confirmation) preparation program at Parish \_\_\_\_\_ Date \_\_\_\_\_
- ☐ I affirm that I meet all the necessary requirements to act as a sponsor/godparent.
- ☐ I am a parishioner of \_\_\_\_\_ since date \_\_\_\_\_
- ☐ I am not the parent of the person receiving the sacrament.

Signature of Sponsor/Godparent \_\_\_\_\_

Date \_\_\_\_\_

Sponsor's Parish

Parish Name \_\_\_\_\_

Parish Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

To the best of my knowledge, this person is able to fulfill the responsibilities involved in sponsoring the Catholic initiation of another. ☐ Yes ☐ No ☐ Other (comment on reverse side)

At this parish, I serve as (circle one) Pastor, Priest, Deacon, Lay Ecclesial Minister. I am authorized to make this statement about our parishioner.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_