

SACRAMENT OF BAPTISM GODPARENT ELIGIBILITY FORM

Person Receiving
Baptism

Full Name of Child for Baptism _____
Parish Name & Address: _____

Requested Date of Baptism: _____

Godparent Information

Full Name _____
Mailing Address: _____
City, State, Zip: _____ Phone: _____
Please read and check the following affirmations if they pertain to you:

- 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 affirm I meet all the necessary requirements to act as a godparent.
- I am a parishioner of: _____
- I am not the parent of the person to be baptized.

Signature of Godparent Date

Godparent's Parish

Parish Name: _____
Parish Mailing Address: _____
City, State & Zip: _____ Phone: _____
To the best of my knowledge, this person fills the requirements needed for a Godparent and is a member of the parish named above.
Printed Name: _____
Signature: _____ Date: _____