



## GODPARENT ELIGIBILITY FORM

YOUR NAME: \_\_\_\_\_

CHILD/ADULT TO BE BAPTIZED: \_\_\_\_\_

CHURCH OF PROPOSED BAPTISM: \_\_\_\_\_

### ROLE OF A GODPARENT:

A godparent takes on a very significant spiritual role in the life of one's godson or goddaughter by witnessing to the truths of the Catholic faith by word and example and serving as a model of Christian virtue. A godparent's role is to ensure that the rich and beautiful faith of the Church is passed on in the most authentic way possible.

### PLEASE ANSWER THE FOLLOWING QUESTIONS TRUTHFULLY:

1. Have you received the Sacraments of Baptism, Confirmation, and Holy Eucharist? YES NO

**Baptism** - Date and church where Baptized: \_\_\_\_\_

**Holy Communion** - Date and church of First Communion: \_\_\_\_\_

**Confirmation** - Date and church where Confirmed: \_\_\_\_\_

2. Are you at least sixteen years of age? YES NO

3. Are you cohabitating with someone or in a marriage not recognized by the Roman Catholic Church? YES NO

4. If married, where did you receive the Sacrament of Marriage in the Catholic Church (or Convalidation in the Catholic Church). Date and church of marriage: \_\_\_\_\_

5. How often do you go to Sunday Mass (or Saturday Vigil)? Please check one:

Every Week    Twice a month    Monthly    Quarterly    Twice a Year    Yearly    Rarely

6. Do you receive the sacrament of Reconciliation at least once a year? YES NO

7. What is the name of your parish? \_\_\_\_\_ When did you register? \_\_\_\_\_

***As God is my witness, I do hereby solemnly declare that the above information is true and that I will support my godson/goddaughter by my prayers and example.***

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

Address: \_\_\_\_\_

*(This part is to be filled out by the church of the Godparent.)*

This certifies that the above-named person is known to me as a parishioner in good standing. I testify that he/she is qualified to serve as a Godparent for the Sacrament of Baptism.

Church of Godparent:	_____
Parish	Church's Street: Church's _____
Seal	City, State, Zip: Pastor's _____
	Name: _____
	Pastor's Signature: _____
	Date: _____