



ST. PATRICK
CATHOLIC CHURCH
WWW.STPATRICKBR.ORG

GODPARENT ELIGIBILITY FORM

Please have the godparent complete this form and return to St. Patrick Catholic Church.

NAME OF GODPARENT: _____

ADDRESS OF GODPARENT: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

NAME AND ADDRESS OF THE CATHOLIC CHURCH WHERE THE GODPARENT IS REGISTERED:

As a godparent for _____, I declare that I am at least 16 years of age, and I am a baptized Catholic who has completed my initiation in the Catholic Church through the Sacrament of Confirmation. I am a registered, active, and supporting member of the Catholic Parish stated above. If married, my marriage is a sacramental marriage in the Catholic Church.

I believe what the Catholic Church teaches and I make a serious effort to live my life according to the Gospel and worthy of imitation by the person I am sponsoring. I realize the great honor and responsibility placed on me before God and the Church in serving as a godparent. I intend to encourage and support the person I am sponsoring in the practice of the Catholic faith by my word and example.

Signature of Godparent

VERIFICATION BY CHURCH PARISH OF GODPARENT

SIGNATURE OF CATHOLIC PRIEST: _____

NAME OF CHURCH PARISH: _____

DATE: _____

