

St. James Catholic Church
622 Chestnut St., Gadsden, Alabama 35901
256-546-2975

GODPARENT FOR INFANT BAPTISM AFFIDAVIT

Name	of child to be baptized (print):		
Name	of godparent (print): (If you Catholic godparents are chos		
	(If you Catholic godparents are chos	sen, one form is required for each godparent.)	
may chof bapt	s may choose godparents for their children from among fam hoose a godfather and a godmother or just one godparent. On tism but also assist the baptized in leading a Christian life. It who are living the Catholic faith and meet the following que	Godparents not only serve as witnesses at the ceremony Therefore, Church law requires that godparents be	
Please .	Initial Each		
	I am at least 16 years of age.		
	I am a practicing Catholic who has received the three sacraments of initiation: Baptism, Holy Communion and Confirmation.		
	As a practicing Catholic, I attend Mass on Sundays and H	oly Days of Obligation at my home parish.	
	If I am married, my current marriage is a valid Catholic marriage. I was married in: at		
	(City/State/Country)	(Name of Parish)	
	I am not cohabitating (living together without marriage).		
	I am not a parent of the child to be baptized.		
	I promise that I intend to assist the parents of the child in their duty as Christian parents by being a witness to the Catholic faith and by helping the child lead a Christian life.		
	by declare that I am a registered member of the Catholic ications to be a Godparent for baptism.	c parish named below and that I meet the above	
Prospective Godparent's signature:		Date:	
	☐ I am a registered member of St. James Catholic Church	in Gadsden, AL.	
	\square I am a member of another Parish. (The form below is	to be completed by that parish.)	
I certify that (print)		is a parishioner of our parish.	
Signature of Pastor/Delegate:		Date:	
Parish	Name:		
Parish Phone Number:		Parish Seal	
City: _	State:		