

Godparent/Sponsor Eligibility Form

I have been asked to be a godparent/sponsor of _____ in accordance with Can. 874: to be permitted to take on the function of sponsor a person must: be designated by the one to be baptized, by the parents or the person who takes their place, or in their absence by the Pastor or minister and have the aptitude and intentions of fulfilling this function; have completed the sixteenth year of age, unless the diocesan Bishop has established another age, or the Pastor or minister has granted an exception for a just cause; be a Catholic who has been confirmed and has already received the most holy sacrament of the Eucharist and who leads a life of faith in keeping with the function to be taken on; not to be bound by any canonical penalty legitimately imposed or declared; not be the father or mother of the one to be baptized or confirmed.

I, _____, am a registered member of _____
_____ Parish in _____ (City/State). I have

been asked to stand as a godparent/sponsor as s/he receives the sacrament of ☐ Baptism / ☐ Confirmation.

In accepting this responsibility, I affirm that (please check each that applies):

- ☐ I have received the sacraments of initiation (Baptism, Eucharist and Confirmation).
- ☐ I am at least 16 years of age.
- ☐ I participate regularly in Sunday Mass and give witness to my faith by receiving Holy Communion.
- ☐ I believe all that the Catholic Church professes and teaches, and I truly make an effort to incorporate these teachings into my daily life.
- ☐ I am aware that I am assuming responsibility to be a good role model for the person I am sponsoring by my life of prayer and by my Catholic example.
- ☐ I am living a Christian life in accordance with the laws of God and the Catholic Church. If married: I am validly married according to the laws of the Catholic Church. I was married by a priest or deacon; married by a minister with proper dispensation; or had my marriage validated by the Catholic Church.
- ☐ I am not the mother or father of the one to be baptized/confirmed.

I hereby declare the information I provide is correct to the best of my knowledge, invoking the Divine Name in witness to the truth.

Godparent/Sponsor Signature: _____ Date: _____

Pastor/Administrator's Acknowledgement:

As Pastor, I verify that the above named-person is a registered member of my parish.

Pastor Signature: _____

Date: _____

Parish Name _____

SEAL

Parish Address: _____

PLEASE MAIL OR DELIVERY THIS COMPLETED FORM AT LEAST THREE WEEKS PRIOR TO THE SCHEDULED DATE OF SACRAMENT:
ST. JOHN THE BAPTIST PARISH YPSILANTI, ATTN: SACRAMENTAL RECORDS, 411 FLORENCE STREET, YPSILANTI, MI 48197