

*Mary, Queen of Peace*  
1121 228<sup>th</sup> Ave SE  
Sammamish, WA 98075  
Phone (425) 391-1178 Fax (425) 391-3797

## GODPARENT CERTIFICATE

*Please note: This form needs to be signed and sealed by the pastor or a pastoral assistant at the home parish of the godparent.*

**To be admitted to the role of godparent, a person must:**

- ***Be 16 years of age***
- ***Be a Catholic who has received the sacraments of Confirmation and Eucharist***
- ***Lead a life in harmony with the Catholic faith and the role to be undertaken (Canon 874)***
- ***Not be a parent of the child being baptized.***

NAME OF GODPARENT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

Name of person to be baptized \_\_\_\_\_

I am a registered and participating member of \_\_\_\_\_

Catholic Parish in the city of \_\_\_\_\_ State \_\_\_\_\_

I have received the three sacraments of initiation: Baptism, Confirmation and Eucharist.

I have been baptized at \_\_\_\_\_  
(Name and location of Church)

- **I regularly participate in the Mass and give witness to my faith in Christ Jesus by regularly receiving the Eucharist.**
- **I actively strive to live out my commitment to Christ and to the parish life of the Church by my interest, support, and loving response to those I meet in 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 Christian example.**

GODPARENT'S SIGNATURE \_\_\_\_\_

SIGNATURE OF PASTOR OR PASTORAL ASSISTANT AT GODPARENT'S HOME  
PARISH \_\_\_\_\_

PARISH \_\_\_\_\_

ADDRESS \_\_\_\_\_