

**GODPARENT'S FORM**



**Saint Patrick's Parish**

2881 Main Street, Vancouver, B.C. V5T 3G1

Tel: 604-874-7818 Fax: 604-874-7815

Email: parish.stpatsvan@rcav.org

**A GODPARENT (Sponsor) must be a baptized Catholic who is at least 16 years of age, and has been confirmed, and has received the Blessed Eucharist, and who lives a life of faith which befits the role to be undertaken. (Code of Canon Law, cc 874 & 893)**

**Godparent's Statement of Faith (See Instructions on the backside)**

I, \_\_\_\_\_, \_\_\_\_\_, testify by my signature below that I am  
(PRINT your Name) (PRINT your Telephone #)

qualified to serve as a godparent for baptism in the Catholic Church for \_\_\_\_\_.  
(PRINT Name of Infant/Child/Adult to be Baptized)

Please circle either YES or NO for each question that follows:

Are you a Roman Catholic? **YES NO**

Are you at least 16 years old? (See a priest or the baptism minister for exceptions.) **YES NO**

Have you received Confirmation and Holy Eucharist in the Catholic Church? **YES NO**

Are you free to receive Holy Communion when you come to Mass? **YES NO**

Answer the following only if married:

Was your present marriage celebrated in the presence of a Catholic bishop, priest, or deacon or in another denomination with the written permission of a Catholic bishop? (If not please provide a written explanation.)

**YES NO**

Answer the following only if unmarried:

Are you living with another person in a romantic relationship or as a couple? **YES NO**

I sign this document and understand that by my signature I attest that what I have circled above is truthful.

Godparent Signature: \_\_\_\_\_

\*\*\*\*\* TO BE COMPLETED BY THE PASTOR OF THE GODPARENT \*\*\*\*\*

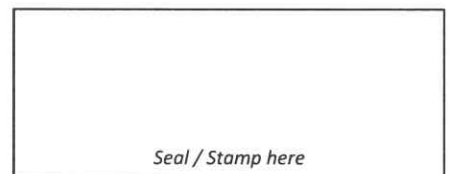
Godparent's Parish: \_\_\_\_\_

Church City and Province: \_\_\_\_\_

This is to certify that Mr. / Mrs. / Ms. \_\_\_\_\_ is a practicing member of the above named parish community, and to the best of my knowledge is qualified to act as a Godparent for the Sacrament of Baptism.

PASTOR'S SIGNATURE: \_\_\_\_\_

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



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