



GODPARENT'S FORM

Saint Patrick's Parish
2881 Main Street, Vancouver, BC, V5T 3G1
Tel: 604-874-7818 Fax: 604-874-7815
Email: parish.stpatsvan@rcav.org
stpatsvan.com

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

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

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

Were you baptised in / or received into the Roman Catholic Church? **YES NO**
Are you at least 16 years old? **YES NO**
Have you received the sacraments of Confirmation and Holy Eucharist in the Catholic Church? **YES NO**

Are you: (please **mark** one) **SINGLE** **COMMON LAW** **MARRIED** **SEPARATED/DIVORCED**

Answer the following **only** if you **ARE** 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 you answered **NO** please provide a written explanation below.) **YES NO**

Answer the following **only** if you **ARE NOT** married:

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 answered above is truthful.

Godparent Signature: _____ **Date Signed:** _____

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

Godparent's Parish: _____

Church City & 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.

PASTORS SIGNATURE: _____

DATE OF SIGNATURE: _____

Seal / Stamp here