

SAINT THOMAS OF VILLANOVA PARISH
GODPARENT ELIGIBILITY FORM FOR BAPTISM

I, _____ am a registered and
(Please Print Full Name) participating member of _____
_____. (Name of Parish, City & State).

I accept the role of Godparent for _____
_____. (Baby's Full Name)

I affirm the following:

- * I am of legal canonical age (minimum 16 years old)
- * I am not the parent of the person to be baptized
- * I have received the Sacrament of Confirmation in

(Name of Church) (City & State)

- * I faithfully participate in Mass on Sundays and Holy Days of Obligation and give witness to my Catholic Faith in Jesus Christ by regularly receiving Him in Holy Communion.
- * I strive to live out my commitment to Christ and His body, the Church, by my loving response to those I meet.
- * I will give support to the person I am sponsoring by my prayers and by my Christian example.

I will help him/ her to be a faithful Catholic and will be unafraid to call parents of infants/children to practice their faith better.

* For Married Catholics: I am validly married according to the laws of the Catholic Church.

* For Single Catholics: I am living a Christian life in accordance with the laws of God and the Catholic Church, striving to live Christ's call to single people to live a holy and chaste life.

Godparent's Signature: _____

Signature of Godparent's Pastor: _____

Parish Name & Address: _____

Godparent's Address: _____

City _____ State _____ Zip _____

Phone _____

Parish Seal

