

PLEASE GIVE ONE COPY TO EACH GODPARENT/SPONSOR



St. Michael the Archangel Catholic Church
GODPARENT/SPONSOR FORM FOR INFANT BAPTISM

I _____ AS A REGISTERED PARISHIONER OF
(please write name here)

_____ CATHOLIC CHURCH, HAVE BEEN ASKED TO SERVE AS A

GODPARENT/SPONSOR FOR _____
(child's first/last name)

SON/DAUGHTER OF _____
(mother's first/last name)

_____ (father's first/last name)

CHILD NAMED ABOVE IS TO RECEIVE THE SACRAMENT OF BAPTISM. I AFFIRM THAT:

I am Catholic and have received the three Sacraments of Initiation recognized by the Catholic Church: Baptism, First Holy Communion and Confirmation. I have attained the age of 16 and am not the mother or father of the person to be baptized. If married, my marriage is recognized as valid by the Catholic Church.

As a sponsor, I will live a life of faith consistent with the responsibilities of being a Godparent/Sponsor by active participation at Mass, participation in the sacraments and by my commitment to Jesus: to love God above all, to be an active member of my parish community and to serve my neighbor. I will actively support the person I sponsor by my continuing prayers, encouragement and by example of my daily Christian life.

Godparent/Sponsor Signature

Date

CERTIFICATION BY THE GODPARENT/SPONSOR'S PASTOR

The above-named person is a registered, active and contributing member at:

Church Name _____

Church Address _____

City, State, Zip _____

And is, to the best of my knowledge, initiated in the Sacraments of the Church, is in canonical good standing, is faithful in attendance at Sunday Mass and in the practice of the Catholic Faith and is worthy to accept the responsibility of the role of Godparent/Sponsor

Pastor's Signature

Date

(parish seal)

Please return to: Baptism Coordinator – St. Michael Catholic Church
5750 N. High St. Worthington OH 43085 – Fax 614-885-8060 or
Email to office@saintmichael-cd.org. This form must be received in
The parish office prior to choosing baptism date.