



THE CHURCH OF SAINT MONICA

PARISH RECTORY

635 FIRST AVENUE • BERWYN, PENNSYLVANIA 19312-1652

PHONE: 610.644.0110 • FACSIMILE: 610.695.0850

WWW.SAINTMONICACHURCH.ORG

Certificate of Eligibility

Name: _____

Godparent Declaration

- I have been asked to be Godparent for the Sacrament of Baptism.
- I am 16 years old or older.
- I have received the sacraments of Baptism, Confirmation and Holy Eucharist.
- If married, I am validly married in the Catholic Church.
- I am a practicing Catholic. I attend Mass regularly and strive to live up to the teachings of the Catholic Church.
- I am a member of the Church of Saint Monica and support my parish in all its endeavors.

In the name of the Lord God, I, the undersigned, declare that I fulfill the above requirements. I am aware of the serious responsibility of being a Godparent and I promise to give support to the person I am sponsoring, both with my prayers and by the Christian example of daily life.

Signature: _____ Date: _____

Parish Declaration

I certify, to the best of my knowledge, that _____ is eligible to be a Godparent for _____.

Date: _____

Rev. Charles Zlock
Pastor
The Church of Saint Monica

Affix Parish Seal