



1000 Douglas Street – Sioux City, IA 51105  
712-255-1637 – WWW.SCCATHEDRAL.ORG

### Baptism Godparent Certificate of Eligibility and Intent

I have been asked to be the Sponsor for the Sacrament of Baptism for \_\_\_\_\_  
\_\_\_\_\_ at the Cathedral of the Epiphany in Sioux City, IA.

My full name is \_\_\_\_\_

Relationship to candidate \_\_\_\_\_

**Sponsor/Godparent Eligibility PLEASE CAREFULLY READ THE FOLLOWING. INITIAL EACH LINE.**

**In initialing, you are testifying the statement is true.**

I fully understand that the Church asks certain requirements of those who aspire to be Sponsors for Baptism in accordance to Church Law, canons 874, 892, and 893, to be a Godparent for Baptism.

\_\_\_\_ I am a person of faith suitable for this role, selected by the family, and having the intention of fulfilling the responsibility.

\_\_\_\_ I am at least eighteen years of age, baptized and confirmed in the Catholic Faith.

\_\_\_\_ I am single or, if married, married in the Church.

\_\_\_\_ I am a Catholic who lives his/her Faith, with weekly attendance at Mass, reception of the Eucharist and Penance on a regular basis.

\_\_\_\_ I am not the parent of the one to be baptized.

\_\_\_\_ I am a registered and participating member of the parish of \_\_\_\_\_.

\_\_\_\_ I am striving to live the Gospel message of Jesus Christ in my daily life by setting a good example, and by being supportive of others who likewise share this principle.

\_\_\_\_ I intend to sponsor by the Catholic example of my own life, by my sincere prayers for him/her, and by ensuing his/her continued growth in living and learning the Catholic Faith.

\_\_\_\_ I understand the responsibility I am undertaking, and will do all in my power to assist the Catholic spiritual development of this candidate.

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

\_\_\_\_\_ Completed by Pastor, Parochial Vicar, or authorized parish staff: \_\_\_\_\_

Witness for Sponsor: Rev. \_\_\_\_\_ Date \_\_\_\_\_

Parish \_\_\_\_\_

Parish Seal Here Parish Address \_\_\_\_\_

City & state: \_\_\_\_\_ Phone No. \_\_\_\_\_