



SPONSOR/GODPARENT CERTIFICATE FOR BAPTISM

HOLY ROSARY PARISH

4139 – 42ND Ave. SW

Seattle, WA 98116

Name of Child to be Baptized (Printed)

Parents Name of Child to be Baptized (Printed)

Date of Baptism

Church Name, City & State for Baptism

Qualifications of a Sponsor/Godparent

Please provide the following information regarding the church’s requirements for sponsors. If you do not meet all the requirements, please inform immediately the person who asked you to serve in this role.

Therefore, I now affirm that,

1. I am a parishioner of Holy Rosary Church of Seattle, WA? Yes No If No, what Parish are you a member:
Name of Catholic Church: _____ City/State : _____
2. For those being asked to be a godparent for Baptism, a Godparent cannot be a parent or spouse of the person being baptized. Are you a parent or spouse of the person? Yes No
3. I am at least 16 years old. Yes No
4. I am a fully initiated Catholic thru receiving the Sacraments of Baptism, Confirmation and Eucharist:
5. Baptism: Yes No First Eucharist: Yes No Confirmation: Yes No
6. I am Single, living a single life? Yes No, OR
7. I am in a valid Catholic marriage (married in a Catholic Church by Catholic priest or deacon)? Yes No
8. I participate in weekly Sunday Mass regularly? Yes No
9. I will continue to be a model of Catholic living for my godchild, through daily prayer, virtuous living and active participation in parish life (volunteering, tithing). Yes No
10. As a practicing Catholic, being a Godparent is an important opportunity for me to witness my faith and to be a good example of Catholic life to my godchild. I have conscientiously considered what I have been asked to do. I promise with God’s help to be the best sponsor I can be. Yes No

Sponsor’s Signature

Sponsor’s Printed Name

If you are NOT a member of Holy Rosary Parish, please have your pastor complete the following:

PASTOR’S PERMISSION TO BE A SPONSOR

The person signed above is a member of this Parish and to the best of my knowledge is eligible to be a Godparent.

Parish Seal

Pastor or Delegate’s Signature & Date

Printed Name

Parish Name

Address, City, State, Zip