



ST. VERONICA

ROMAN CATHOLIC CHURCH

Godparent Verification Form

_____ has been asked to be a Godparent for
NAME OF GODPARENT

_____, being baptized at St. Veronica Church, Cincinnati, OH.
NAME OF GODCHILD

Godparent completes the following:

Church, City, State and Date of **Baptism:**

CHURCH	CITY, STATE	DATE
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Church, City, State and Date of **Confirmation:**

CHURCH	CITY, STATE	DATE
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Godparent's Signature _____ Date _____

The church of the registered Godparent completes the following:

The Godparent above is a registered member of:

NAME AND ADDRESS OF PARISH

Parish Seal

since _____ and is a practicing Catholic at your church.

PASTOR'S SIGNATURE

DATE