



# GODPARENT CERTIFICATE

Trinidad Area Catholic Community

235 N. Convent Street, Trinidad, CO 81082

Phone: (719) 846-3369 Fax: (719) 846-4856

**I**, \_\_\_\_\_,  
a registered member of \_\_\_\_\_ Catholic Church,  
located in (City & State) \_\_\_\_\_,  
have been asked to be a godparent for (Child's Name) \_\_\_\_\_  
son/daughter of (Parent's Names) \_\_\_\_\_  
who resides at (Parent's Address) \_\_\_\_\_  
as he/she celebrates the Sacrament of Baptism.

**I understand that the following indications are necessary to show I am ready to fulfill the role of Godparent:**

- I have been designated as Godparent by the parents/guardians.
- I am at least 16 years old, am not bound by canonical penalty, and am not the father or mother of the one being baptized.
- I have received the Sacraments of Initiation (Baptism, Eucharist and Confirmation) in the Catholic Church and, if married, am validly married according to the norms of the Catholic Church.
- I participate regularly in Sunday Mass and am able to receive the Eucharist.
- I intend to pray for my Godchild, set a good example of a life of discipleship, and assist the parents in raising the child in the Catholic Faith.
- I understand and accept the responsibility that I undertake as a Godparent.

**Godparent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Along with this form, please submit your Sacramental Certificates proving Baptism, First Communion, Confirmation and Marriage (if applicable). These must be recently issued Certificates (within the past 6 months) from the church(es) where the Sacraments took place.*