



Baptism Godparent Form

This form is to be completed by a godparent who is an active member of a Catholic Church, signed by their pastor.

Godparent's Name: _____

Address: _____

Phone Number: _____

Name of Child to be baptized: _____

Baptism Date: _____

As a registered member of _____

I hereby affirm that *(please initial)* _____ *Name & address of Catholic Church*

_____ I am 16 years of age or older;

_____ I have received the three sacraments of initiation in the Catholic Church:
Baptized, Confirmation, and Holy Eucharist;

_____ I regularly participate in the Sunday Mass and give witness to my faith in
Jesus Christ by regularly receiving him in Holy Communion;

_____ I actively strive to live out my commitment to Christ and to the community life
Of the Church by my loving response to those with whom I come in contact daily;

_____ I will give support to the person I am sponsoring by my prayers and by the
example of my daily life.

_____ If married: I was married in the Catholic Church

Godparent's signature: _____

*When completed, please mail or deliver a hard copy of this document to:
St. Matthew Catholic Church, ATTN: Baptism, 1991 Overlook Dr. Winter Haven, FL. 33884*

Attested by: _____
(Pastor)

(Parish Seal)

Date: _____