

HOLY SPIRIT GODPARENT ELIGIBILITY FORM

Congratulations on the privilege of being asked to fulfill the honor and role of being a Godparent! As an official representative of the Church, we ask you to complete this form and return it to Holy Spirit Parish Office.

NAME _____ TELEPHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARISH (WHERE YOU ARE A MEMBER) _____

CITY & STATE _____

I DESIRE THE PRIVILEGE OF CARRYING OUT THE RESPONSIBILITIES OF A GODPARENT FOR:

_____, SON/DAUGHTER OF _____

- ARE YOU AT LEAST 16 YEARS OF AGE? _____
- HAVE YOU RECEIVED THE SACRAMENT OF BAPTISM & CONFIRMATION? _____
- ARE YOU MARRIED? _____
 - IF YES, WERE YOU MARRIED IN THE CATHOLIC CHURCH? _____
 - IF UNMARRIED, DO YOU LIVE WITH ANOTHER PERSON IN A ROMANTIC RELATIONSHIP AS A COUPLE? _____
- DO YOU FULFILL YOUR OBLIGATION TO ATTEND MASS ON SUNDAYS & HOLY DAYS? _____

I AFFIRM THAT I MEET THE QUALIFICATIONS AND ACCEPT THE RESPONSIBILITIES OF BEING A GODPARENT. I AM AN ACTIVE AND PARTICIPATING CATHOLIC WHO BELIEVES ALL THAT THE CHURCH PROFESSES AND PROMISE TO THE BEST OF MY ABILITY TO SERVE AS AN EXAMPLE IN ENCOURAGING THIS CHILD TO PARTICIPATE IN THE SACRAMENTAL LIFE OF THE CHURCH. IF THIS CHILD'S PARENTS DIE I WILL ESPECIALLY SEEK TO HELP RAISE THIS CHILD IN THE FAITH.

SIGNATURE _____ DATE _____

AFFIRMATION BY PASTOR OF GODPARENT'S PARISH OF REGISTRATION

TO THE BEST OF MY KNOWLEDGE THIS PERSON IS ABLE TO FULFILL THE RESPONSIBILITIES INVOLVED IN SERVING AS A CATHOLIC GODPARENT.

CHURCH SEAL

SIGNATURE _____

DATE _____

PARISH _____