

SPONSOR/GODPARENT AFFIDAVIT AND INFORMATION

SAINT FRANCIS
OF
ASSISI
ROMAN CATHOLIC CHURCH
HENDERSON, NEVADA



Name of person to be baptized or confirmed: _____

Name of Sponsor or Godparent: _____

I understand that as a godparent or sponsor I am to live a life in harmony with the nature of this responsibility. For example, I regularly attend Mass; I receive the Eucharist regularly; I make frequent use of the sacrament of Reconciliation; and I seek to the best of my understanding of my Catholic faith to be faithful to the teachings of the Church. I also attest that I meet the following qualifications:

1. I am at least 16 years old.
2. I have received the sacraments of Baptism, Confirmation, and First Holy Communion.
3. I am leading a life in harmony with the Catholic faith (e.g. not living in an immoral situation). Fallen away Catholics may not serve as sponsors/godparents.
4. If married, I am married in the Catholic Church. I have not divorced and remarried outside of the Church.
5. I am not the parent of the person to be baptized or confirmed.

I also understand that being a godparent or sponsor is a commitment of time. I will meet with the person I am sponsoring on a regular basis. I will attend the liturgical rehearsal and rites, and other initiation-related events to the best of my ability. I further understand that being chosen as a sponsor/godparent is a lifetime commitment to be a faithful witness of the Catholic way of life to the individual I am called to serve. If I am not a member of St. Francis of Assisi Parish, then I will have my own parish fill out and seal the bottom section of this form.

Please sign after reading the above paragraph.

I. CONTACT INFORMATION

Full Mailing Address: _____

Phone: _____ Email: _____

II. SACRAMENTAL HISTORY

1. Place where you were baptized: _____

*Include **church name** (or hospital, etc), **locality** (town, city, county, etc), **region** (state, province, territory, etc), and **country**.*

2. Parish where you are currently registered: _____

Full Mailing Address: _____

Pastor's Name: _____ Phone: _____

III. PARISH AFFIDAVIT (*To be completed by sponsor/godparent's parish of registration*)

I certify that (print) _____ is a registered member of our parish, is a practicing Catholic, and is qualified to serve as a godparent/sponsor for the sacraments of baptism or confirmation.

Signature of Pastor/delegate: _____ Date: _____

Parish Name: _____

City: _____ State: _____

Parish Seal