



# ST. JOHN ROMAN CATHOLIC CHURCH

CERTIFICATE OF ELIGIBILITY FOR:  
(Check ONE) Baptism: \_\_\_\_\_ Confirmation: \_\_\_\_\_

NAME OF PERSON TO BE BAPTIZED/CONFIRMED: \_\_\_\_\_

DATE OF SACRAMENT (if known): \_\_\_\_\_

A Catholic desiring to serve as a godparent/sponsor must meet the eligibility requirements established by the Code of Canon Law. A godparent/sponsor must have received the sacraments of Baptism, Eucharist and Confirmation in the Catholic Church and should be at least 16 years of age. A godparent/sponsor's current lifestyle should be in accord with the Catholic faith.

**GODPARENT/SPONSOR INFORMATION:**

I, \_\_\_\_\_ **AFFIRM THAT:**

(Print first and last name) \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_

- I am a baptized Catholic at least 16 years of age.
- I have received the sacraments of Baptism, Holy Eucharist and Confirmation in the Catholic Church. Church where I was confirmed: \_\_\_\_\_ City/State: \_\_\_\_\_
- I participate in Mass on Sundays and Holydays.
- If married, I am validly married according to the laws of the Catholic Church. If divorced, I am not remarried outside of the Catholic Church.
- I am ready to assume the great responsibility before God and the Church in becoming a godparent/sponsor and will faithfully fulfill the obligations connected with it. I promise to be a good example of daily life as a Roman Catholic to the person I am supporting.

By my signature, I attest to the truth of the above statements.

\_\_\_\_\_  
*Godparent/Sponsor's Signature* Date

SPONSOR'S NAME: \_\_\_\_\_ PHONE/CELL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SPONSOR'S CHURCH: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PASTOR: \_\_\_\_\_

===== **FOR USE BY SPONSOR'S PARISH:** =====

Is a registered parishioner      Comments: \_\_\_\_\_

After reviewing this document, I can affirm with my signature that this person is eligible and sincere in his/her commitment to serve as a godparent/sponsor.

Signature of Pastor: \_\_\_\_\_ Date: \_\_\_\_\_

*Parish Seal*

*\*If this form is for someone at St. John, please send to the attention of: \_\_\_\_\_*