St. John Vianney Church

1345 Turnbull Canyon Rd., Hacienda Heights, CA 91745 Phone: (626) 330-2269 Fax: (626) 330-0220

BAPTISM GODPARENT INFORMATION

If you are a parishioner of a parish other than St. John Vianney, please attach a letter from your Pastor stating that you are a parishioner in good standing and qualified to be a Godparent, along with this completed form.

Child's Name: _				
	First	Middle	Last	
Godmother's Name	:			
	First	Middle	Last	
Address:	Street	C'4	Q _{1,1}	7'
	Street	City	State	Zip
hone Number:	How long have you known the child's family			
HEREBY CERTIF			,, _	
1. I am at least	sixteen years of age: Yes	No		
	ed the Sacraments of Baptism		Confirmation: Yes No	
	ried? YesNo If	-		
	ve Catholic, and regularly			
	to assume the responsibility			s No
_	-	•		
Does not meet a	all the qualifications for a Godpa	arent but is baptized and can	be a Christian Witness.	
Are you a registered	parishioner of St. John Viann	ey Church? Yes	Envelope ID#	No
f not, please list curr	ent parish:			
	Pre-Baptism class? Yes			
Cadfathaula Namai				
Godfather's Name:	First	Middle	Last	
Address:		Middle	Last	
Idd1033.	Street	City	State	Zip
hone Number:		How long have you known the child's family		
HEREBY CERTIF			7 —	
6. I am at least	sixteen years of age: Yes	No		
	ed the Sacraments of Baptism		Confirmation: Yes No_	
8. Are you mar	ried? Yes No	If yes, are you married in t	he Catholic Church? Yes	No
9. I am an activ	e Catholic, and regularly rece	eive the Sacrament: Yes_	No	
10. I am willing	to assume the responsibilities	s of being an example of th	e Catholic faith: Yes	No
	all the qualifications for a Godpa	_		
	parishioner of St. John Viann		_)
	rent parish:			
Has he attended any	Pre-Baptism class? Yes	No If yes, when, a	and where?	
*	*	*	* *	*
		(For Office Use)		
		,		
Date of Baptism:	Presider:	Certi	ficate:Entered in regis	ster: