

Godparent Form

The godparents you choose should be good Christian role models, consistently active in their own parish.

At least one godparent must be a practicing Catholic who:

- a) has received the three Sacraments of Initiation: Baptism, Eucharist and Confirmation;
- b) be over the age of 16;
- c) if married, be married in the Catholic Church;
- d) be a practicing member in good-standing in the Catholic Church, who lives a life in harmony with the faith.
- e) if you choose two godparents – they must be one female and one male.

The other godparent, if not a Catholic who meets above requirements, must be a baptized Christian.

Only one godparent is necessary.

Name of child: _____

NAME OF GODMOTHER: _____

(first) (middle) (last)

_____ She is baptized in the Catholic Church. _____ She has received her First Communion.
_____ She has received her **Confirmation**. _____ She is **16 years** of age or older.
Married? Yes ___ No ___ _____ **If married**, was married in the Catholic Church.
_____ **She is an active, practicing Catholic, qualified to be a Godparent.**

_____ She **does not meet** all the qualifications for a Godparent, but is baptized and can be a Christian Witness.

Has she attended any Pre-Baptism class? Yes ___ No ___ **If yes when & where?** _____

NAME OF GODFATHER: _____

(first) (middle) (last)

_____ He is baptized in the Catholic Church. _____ He has received his First Communion.
_____ He has received his **Confirmation**. _____ He is **16 years** of age or older.
Married? Yes ___ No ___ _____ **If married**, was married in the Catholic Church.
_____ **He is an active, practicing Catholic, qualified to be a Godparent.**

_____ He **does not meet** all the qualifications for a Godparent, but is baptized and can be a Christian Witness.

Has he attended any Pre-Baptism class? ? Yes ___ No ___ **If yes, when & where?** _____
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(For Office Use)

Interview Couple: _____ Date: _____

Pre-Baptism Session Facilitator: _____ Date: _____ father (), mother (), godfather (), godmother ()

Date of Baptism: _____ **Presider:** _____ **Certificate:** _____ **Entered in register:** _____