

## **Godparents**

## Verification of Eligibility as a Godparent for Baptism

Please complete and return to St. Mary Magdalen Parish Office no later than 2 weeks prior to the scheduled Baptism.

\*Please include a Sacramental record from your parish of Baptism, complete with Sacramental notations with this form.

I acknowledge that to serve as a Godparent I must satisfy the following conditions: • I am a Roman Catholic that has received the Sacrament of Confirmation. Yes\_\_\_\_\_ No\_\_\_\_ • I currently receive the Sacrament of Holy Eucharist. Yes\_\_\_\_ No\_\_\_\_ • I am at least sixteen years of age. Yes No • I will undertake the ministry of Godparent and promise to lead a life of faith in harmony with that ministry. Yes\_\_\_\_ No\_\_\_\_ • I affirm that I am not the parent of the child to be Baptized. Yes \_\_\_ No\_\_\_\_ • I attend Mass Regularly Occasionally Seldom Never Marital Status Married in the Catholic Church Married/Remarried but not in the Catholic Church \_\_\_\_\_Marriage Convalidated in the Catholic Church \_\_\_\_Never Married If therefore, you seek to act as Godparent and are convinced that you qualify in accord with the conditions listed above, kindly make the following solemn affirmation: I, (print full name) \_\_\_\_\_, a practicing Catholic, solemnly affirm that I fulfill the requirements of the Catholic Church that are listed above for the role of Godparent. I intend, with the grace of God, to continue the practice of my Catholic faith, and will, to the best of my ability, carry out the obligations of my role as Godparent. Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_ Name of Child Being Baptized: \_\_\_\_\_ (To be completed by Godparents home parish.) I hereby testify that \_\_\_\_\_ \_\_\_\_\_ is a registered member of this parish and has affirmed that he/she fulfills all of the requirements to serve as Godparent as stated above. Signature of Parish Priest/Deacon: \_\_\_\_\_\_ Date: \_\_\_\_\_ Name of Parish: City of Parish: