

SACRAMENT OF BAPTISM | GODPARENT VERIFICATION FORM

Congratulations! You've been asked to be a godparent. It is an honor and a great responsibility to be asked to walk beside a child or adult who is receiving a sacrament and then aid in the ongoing formation of their faith. Please complete this form, verifying you meet the requirements as set forth by canon law.

Godparent Name:		
(First)	(Middle)	(Last)
I am a registered and participating member*	^s of	and I affirm that:
	Saptism, Holy Eucharist, and Confirm	
 I regularly participate in the Sunday 	Mass and regularly receive Holy Con	mmunion.
• I am sixteen years of age or older.		
 If married, was married in the Catho 	olic Church. If single not living in a c	ommitted intimate relationship.
-	mitment to Christ and to the communi	ty of the Church.
• I am not the parent of the child to be	•	
I will pray for the child I am sponsor	9	
I am living daily a Catholic Christia		
*For parishioners of The Basilica of Saint Peter, a minimum	ı of 6 months of registration and participation is req	puired.
Godparent's signature:		Date:
Address:		
City:	State:	Zip:
Cell Phone:	E-mail:	
Name of child being baptized:		
Parents' name(s):		
Godparent's relationship to the child:		
This Section to be completed by the pa		s parish:
As Pastor of		
I confirm that the Godparent does fulfill	all the requirements of Canon 874	as listed above.
Pastor's Signature:		Date:
Parish Address:		
City:	State:	Zip:
J		r ·