CATHOLIC GODPARENT FORM for the SACRAMENT OF BAPTISM

| I | , have been asked to be a Catholic Baptismal godparent for |
|-----------|---|
| who is | to receive the Sacrament of Baptism at St. Maximilian Kolbe Church, Liberty Township, Ohio on |
| As a C | ATHOLIC GODPARENT I affirm that: |
| | I have received the Sacraments of Baptism, Confirmation and Eucharist in the Roman Catholic Church. I will be at least sixteen years of age on the day of the Baptism. I participate regularly in Sunday Mass and receive Holy Communion as a practicing Roman Catholic. I actively strive to live out my commitment to Christ and to the Church through my loving response to those with whom I come in contact daily. I fulfill my obligations to my parish to the best of my ability in response to the Gospel message. My current marital status/living arrangement conforms to all laws, norms and principles of the Roman Catholic Church. |
| | egal Name of Catholic godparent (<i>Please print</i>) |
| | |
| | ss: City, State, Zip: |
| Phone | (s): E-mail address: |
| I am M | farried I am Not Married |
| If marı | ried and a Catholic godparent: |
| | _ I have celebrated the Sacrament of Marriage in the Catholic Church |
| | Date/Church of wedding: |
| | _ I am working with a Catholic Priest or Deacon to have my marriage blessed in the Catholic Church. |
| | Name of Priest or Deacon: Phone Number: |
| My rela | ationship (aunt, grandfather, friend, etc.) to the one to be baptized is |
| My pre | esent parish/church: |
| the teach | se to give my support to the one to be baptized by my prayers, my continued interest in his/her growth as a Catholic, my personal fidelity to hings of and practices of Christ & His Church, and the Christian example of Christ in my daily life. I do hereby solemnly declare that I If the above requirements to act as a Baptismal Godparent. |
| | Signature of Catholic godparent Date |
| | E COMPLETED BY PASTOR OF CATHOLIC GODPARENT to the best of my knowledge that the information above is correct. |
| | Signature of Catholic Pastor Date |

*Please return this completed, signed, and stamped form to St. Maximilian Kolbe Parish

(Parish Seal)