



GOOD SHEPHERD

Catholic Community

Certificate of Eligibility

WITNESS SPONSOR FOR: _____
(Name of person to be baptized)

☐ to be baptized at Good Shepherd Catholic Church ☐ Other Parish Name & Address _____

GODPARENT INFORMATION

I _____
(please print first and last name, initial each statement and sign below)

Address: _____

Email Address: _____ Phone Number: _____

☐ I have received the Sacraments of Baptism, First Holy Communion and Confirmation in the Catholic Church.
Name and City/State of parish where I was Confirmed/received into the Church:

☐ I lead a sacramental life in harmony with the Church by participating in the Mass on Sundays and Holy Days and receive the Sacraments of Eucharist and Reconciliation regularly.

☐ (If married) I am validly married according to the laws of the Catholic Church. ☐ Not married.
(If married) Name and City/State of church where I was married:

☐ I am at least 16 years of age.

☐ I realize that I assume great responsibility before God and the Church in becoming a sponsor and will faithfully fulfill the obligations to assist the parents in developing the faith life of the child.

By my signature I attest to the truth of these statements

Godparent Signature

MUST BE COMPLETED AND STAMPED WITH SEAL BY THE SPONSOR'S CURRENT PARISH

I, _____, verify the above criteria is true and _____ is a suitable Godparent candidate.
(Parish Priest/Delegate) (Godparent)

Priest/Delegate Signature: _____

Church Name: _____

Address: _____

Phone #: _____

Date: _____
(MM / DD / YYYY)

