

St. John Catholic Church

3921 Saint John Avenue • North Charleston, SC 29405
(843) 321-8403

CERTIFICATE OF BAPTISM – GODPARENT QUALIFICATION

Name of Person Being Baptized: _____

Name of Godparent: _____

Home Address: _____

Email: _____

I, the undersigned Godparent candidate, hereby promise in the sight of Almighty God and of His holy Church, that I shall faithfully and obediently uphold my responsibilities as a Godparent by joyfully and faithfully living as a visible disciple of Jesus Christ, and by adhering to and professing the teachings of the Catholic Church. I further testify that I am qualified to serve as a Godparent because I meet all necessary requirements under the Code of Canon Law as listed below (initial each one):

- _____ Am at least sixteen years of age – **Canon 874.1.2**
- _____ A fully initiated member of the Catholic Church, having received the sacraments of Baptism, Eucharist, and Confirmation – **Canon 874.1.3**
- _____ If married, was married within the jurisdiction of the Catholic Church – **Canon 874**
- _____ Am sufficiently mature and capable of assisting in the person's formation in the Catholic faith – **Canon 874.1.1**
- _____ Am not the mother or father of the person to be sponsored – **Canon 874.1.5**
- _____ Am not under any canonical penalty – **Canon 874.1.4**

Signature of Godparent Candidate: _____ Date: _____

I, the undersigned ecclesiastical representative, hereby certify that the Godparent candidate named above is a registered, active, and faithful member of:

Parish Name: _____

Address: _____

City, State: _____

Signature: _____ Date: ____ / ____ / ____

Please circle your title: Pastor / Priest / Deacon / Pastoral Assistant

(Parish Seal Below)