

**ASCENSION PARISH  
CERTIFICATE OF ELIGIBILITY  
FOR CATHOLIC GODPARENT**

GODPARENT FOR:

\_\_\_\_\_  
*(Name of person being baptized)*

**GODPARENT INFORMATION**

I, \_\_\_\_\_ affirm that:  
*(Print first and last name)*

- I am at least 16 years of age.
- I am not the parent of the person being baptized.
- I am a practicing Catholic who has been registered at a Catholic parish for at least the past three (3) months.
- I have received the sacraments of Baptism, First Holy Communion and Confirmation in the Catholic Church.
- I participate weekly in Mass on Sundays, and on Holy Days, and receive the Sacraments of Eucharist and Reconciliation.
- I regularly contribute to the financial needs of my parish.
- If married, I am validly married according to the laws of the Catholic Church. If divorced, I have not remarried outside the Catholic Church.
- I realize that I assume a great responsibility before God and the Church in becoming a Godparent and I will faithfully fulfill its obligations. I will support the person I am Godparenting by my prayers and the Christian example of my daily life.

By my signature, I attest to be a practicing Catholic who seeks to be admitted as a Godparent and solemnly affirm that I fulfill the requirements of the Catholic Church for this role as presented above. With God's grace, I intend to continue practicing my Catholic Faith, and I will, to the best of my ability, carry out the obligations of my role as Godparent.

\_\_\_\_\_  
*(Godparent signature)*

\_\_\_\_\_  
*(Date)*

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**TO BE COMPLETED BY THE GODPARENT'S PARISH**

This is to certify that \_\_\_\_\_

- is a registered member of \_\_\_\_\_ Parish,
- is in good standing in this parish and that he/she meets the requirements for being a Godparent, and
- is registered in our parish as an active, practicing Catholic.

Parish name and address: \_\_\_\_\_

Parish phone number: \_\_\_\_\_

Pastor signature \_\_\_\_\_

Date \_\_\_\_\_