ST ISIDORE THE FARMER, FAMILY OF PARISHES

Immaculate Conception____ Holy Rosary____ Our Lady of Guadalupe____ St Patrick____ St Teresa____
Please circle where the Baptism is happening.

GODPARENT FORM

Please fax, mail, or email to the chosen Church above, at least one week prior to Baptism

Baptismal Candidate's Name: _____

Godparent's Name: _____

Godparent's Address: _____

Godparent's City, State, Zip: _____

Godparent's Phone Number: _____

Godparent's Statement of Faith

I, _____, hereby state that I am: *(check all that apply)*

___ A baptized and confirmed Catholic 16 years old or older.

___ A registered member of: _____ Parish for _____ years.

*Registered under my parents. Their names are: _____

___ Attend and regularly participate in the celebration of Mass every Sunday and Holy Days of Obligation.

Marital Status: ___ I was married in the Catholic Church: Name of Church: _____

City, State: _____ Date: _____

___ I was NOT married in the Catholic Church; however, my marriage did receive a Dispensation or Canonical form or was Blessed (Convalidated) at: _____

City, State: _____ Date: _____

___ I am not married

___ I was not married in the Catholic Church

___ Not cohabitating with a person outside the bonds of marriage.

___ In good standing with the Catholic Church and able to receive all sacraments.

**Please state the steps you are currently taking to strengthen your faith life and remain connected to the Catholic Church and the sacraments.

_____

_____

RESPONSIBILITIES

The Godparent's role is one of a mentor in the Catholic faith. I affirm that I meet the above qualifications and accept the responsibilities of being a godparent. I am an active and participating Catholic and promise to the best of my ability to serve as an example in encouraging this child to participate in the sacramental life of the Church. I will be a strong witness of the Catholic faith and continue to support the child in his/her Catholic faith journey in the years ahead.

Immaculate Conception Office
229 W. Anthony St. Celina, OH
419-586-6648

Holy Rosary Office
511 E, Spring St. St Marys, OH
419-394-5050

I testify that the above statements are true, and I am actively seeking to strengthen my faith, participate in the Mass, and take part in the sacraments on a regular basis.

Godparent's Signature: _____ **Date:** _____

Godparent's Parish Certification

This is to certify that to the best of my knowledge, _____

Godparent's Name

- Is a registered member of this parish.
- Is an active member of this parish.
- Is a regular participant in Sunday worship.
- Is a Catholic canonically in good standing.

Date: _____

Priest's Signature: _____

Church: _____

Address: _____

City, State & Zip _____

SEAL IF POSSIBLE