

Diocese of St. Augustine

Sponsor/Godparent Eligibility Form

Person Receiving Sacrament	Full Name of Candidate _____	for <input type="checkbox"/> Baptism <input type="checkbox"/> Confirmation
	Parish Name _____	
	Parish Mailing Address _____	
	City, State, Zip _____	Phone (____) _____
	Date Sacrament(s) to be Administered:	Baptism _____ Confirmation _____

From the Code of Canon Law: Sponsors for the Sacraments of Baptism and/or Confirmation must be Catholics who have been confirmed and have received the Sacrament of Eucharist. They must be free from canonical penalty and must lead a life in harmony with the faith in keeping with the function to be undertaken. (Canons # 874 & 893)

Sponsor Information	Full Name _____	Date of Birth _____
	Mailing Address _____	Phone (____) _____
	City, State, Zip _____	Email _____
Please read and check the following affirmations if they are true:		
<input type="checkbox"/> I am at least 16 years of age.		
<input type="checkbox"/> I have celebrated the sacraments of Baptism, Confirmation, and Eucharist.		
<input type="checkbox"/> I participate in Sunday Mass regularly.		
<input type="checkbox"/> (If married) My marriage was celebrated according to the norms of the Catholic Church.		
<input type="checkbox"/> I am not married.		
<input type="checkbox"/> I understand the responsibility I am undertaking and have both the desire and intention to fulfill it faithfully.		
<input type="checkbox"/> I participated in the baptismal (not required for confirmation) preparation program at Parish _____ Date _____		
<input type="checkbox"/> I affirm that I meet all the necessary requirements to act as a sponsor/godparent.		
<input type="checkbox"/> I am a parishioner of _____ since date _____		
<input type="checkbox"/> I am not the parent of the person receiving the sacrament.		
Signature of Sponsor/Godparent _____		Date _____

Sponsor's Parish	Parish Name _____	
	Parish Mailing Address _____	
	City, State, Zip _____	
Phone (____) _____		
To the best of my knowledge, this person is able to fulfill the responsibilities involved in sponsoring the Catholic initiation of another. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (comment on reverse side)		
At this parish, I serve as (circle one) Pastor, Priest, Deacon, Lay Ecclesial Minister. I am authorized to make this statement about our parishioner.		
Printed Name _____		SEAL:
Signature _____		Date _____