BASILICA
OF ST. MICHAEL
THE ARCHANGEL

GODPARENTS/SPONSORS ELIGIBILITY FORM

Name of person to be baptized or confirmed (print full name):

_____

Sacrament to be received: ○ Baptism ○ Confirmation

Church where Sacrament will be celebrated: _____

Date when sacrament is to be received: _____

To be completed by Godparent/Sponsor: **By initialing below, I certify the following statements are true**:

_____ I am a Catholic and will be at least sixteen years of age when the Sacrament is to be celebrated.
_____ I am not the mother or father of the one to be Baptized/Confirmed
_____ I have received the Sacraments of Baptism, Eucharist, and Confirmation.
_____ I am single.
_____ I am married.
_____ My marriage took place in a Catholic Church.
_____ I regularly participate in Mass on Sundays and Holy Days of Obligation.
_____ I am a registered parishioner of the Basilica of St. Michael the Archangel
_____ I lead a life "in harmony with the faith to be undertaken."
_____ I am not aware of any reason that I cannot act as a sponsor.

_____
Godparent / Sponsor Name (please print)

_____ *parish seal*
E-mail

_____
Phone

_____ _____
Godparent / Sponsor Signature: Date

_____ _____
Very Rev. Raymond Herard Date
Rector
Basilica of St. Michael the Archangel