

# Godparent/Sponsor Affidavit and Information

SAINT FRANCIS  
OF  
ASSISI  
ROMAN CATHOLIC CHURCH  
HENDERSON, NEVADA



Name of person to be baptized/confirmed: \_\_\_\_\_

Name of Sponsor or Godparent : \_\_\_\_\_

I understand that as a godparent or sponsor I am to live a life in harmony with the nature of this responsibility, meaning, for example, that I regularly attend Mass; I receive the Eucharist regularly; I make frequent use of the sacrament of Reconciliation; and I seek to the best of my understanding of my Catholic faith to be faithful to the teachings of the Church. I also attest that I meet the following qualifications:

1. I am 16 years old or older.
2. I have received the sacraments of Baptism, Confirmation, and First Holy Communion.
3. I am leading a life in harmony with the Catholic faith (e.g. not living in an immoral situation). Fallen away Catholics may not serve as godparents (sponsors).
4. If married, I am married in the Catholic Church. I have not divorced and remarried outside of the Church.
5. I am not the parent of the person that I am to be a sponsor/godparent for.

I also understand that being a godparent or sponsor is a commitment of time. I will attend weekly sessions for catechesis, the celebrations of liturgical rites, and other initiation-related events to the best of my ability. I further understand that being chosen as a godparent or sponsor is a lifetime commitment to be a faithful witness of the Catholic way of life to the individual I am called to serve. If I am not a member of St. Francis of Assisi Parish, then I will have my own parish fill out and seal the bottom section of this form.

\_\_\_\_\_ *Please sign after reading the above paragraph*

## I. CONTACT INFORMATION

Full Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: (Home) \_\_\_\_\_

## II. SACRAMENTAL HISTORY

1. Place Where You Were Baptized: \_\_\_\_\_

(include **church name** (or hospital, etc.), **locality** (town, city, county, etc.), region (state, province, territory, etc.), and **country**)

2. Parish Where You Are Currently Registered: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## III. PARISH AFFIDAVIT *(To be filled out by the sponsor's/godparent's parish if other than St. Francis of Assisi.)*

I certify that (print) \_\_\_\_\_ is a registered member of our parish, is a practicing Catholic, and is qualified to serve as a godparent/sponsor for the sacraments of baptism and/or confirmation.

Signature of Pastor/delegate: \_\_\_\_\_ Date: \_\_\_\_\_

Parish Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

