



Godparent/Sponsor Form

Return to Holy Trinity Faith Formation Office: 101 Walt Banks Rd. Peachtree City, GA 30269

Please select the sacrament being received: **Baptism** _____ **Confirmation** _____

Name of person receiving sacrament: _____

Name of Godparent/Sponsor: _____

Godparent/Sponsor Spouse Name (if applicable) _____

Godparent/Sponsor's Address: _____

City: _____ State: _____ Zip: _____

Godparent/Sponsor's Email: _____

STATEMENT OF SPONSOR

Canon 874. To be admitted to the role of sponsor, a person must be a Catholic who has been confirmed and has already received the sacrament of the Most Holy Eucharist and leads a life in harmony with the faith and the role to be undertaken.

I recognize that in accepting the role of sacramental sponsor, I become responsible to provide a good example to the Candidate as a committed and active Catholic, and to be supportive to his/her parents in the practice of mutual faith.

In accepting this responsibility, I affirm that **(please initial all)**

I am single or _____ I am married _____

_____ If married, I am married by the Catholic Church. (This means that Catholics publicly cohabitating or living in an invalid marriage [civil marriage] cannot serve as a sponsor.)

_____ I am at least 16 years old and sufficiently mature for this role.

_____ I have received the Sacraments of Initiation; Baptism, Confirmation, and Eucharist.

_____ I believe all that the Catholic Church teaches and professes and truly make an effort to incorporate these teachings into my daily life.

_____ I regularly attend mass and practice the sacraments.

_____ I am not the mother or father of the one to be Baptized/Confirmed

Signature of Godparent/Sponsor: _____ Date: _____

Name of Godparent/Sponsor's church: _____

Address of Godparent/Sponsor's church: _____

City: _____ State: _____ Zip: _____

Signature of Godparent/Sponsor's Pastor: _____

Date: _____

Seal of Sponsor's Church