

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 _____
	Mailing Address _____
	City, State, Zip _____ Phone (____) _____
	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 _____
Signature _____ Date _____	