Godparent Eligibility Form

Parents to return form one week prior to baptism.

St. John the Evangelist

510 Jackson Ave

Defiance OH 43512

Phone: 419-782-7121 stjohn@stjohndefiance.org Fax: 419-782-5813

Name of Godparent:

Godparent for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the child of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requirements:

Have completed the sixteen year of age

I am a Catholic who has been confirmed and has already received the most holy sacrament of the Eucharist who leads a life of faith in keeping with the function to be a godparent.

I declare that I meet the above requirements to be a godparent.

Signature of Godparent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Verification by Church Parish of Godparent**

Godparent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a Catholic and there is no known reason why they cannot be a sponsor for a child in baptism.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Priest Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Church Parish Parish Seal