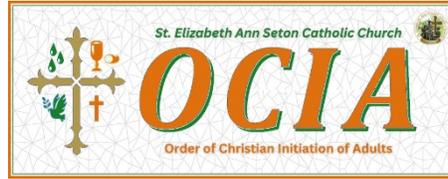


Godparent/Sponsor Information



Name (First and Last): _____

_____ Please initial after reading the following paragraphs:

I understand that as a godparent or sponsor I am to be a faithful witness of the Catholic way of life to the individual I am called to serve.

I attest that I am at least 16 years of age and have received the Sacrament of Confirmation.

If I am not a member of the same parish as the person who I am serving, I will obtain a Letter of Good Standing from my own parish.

I will attend sessions and rites associated with the OCIA journey to the best of my ability.

I. CONTACT INFORMATION

Full Mailing Address: _____

Phone: (Daytime) _____ (Evening/Weekend) _____

Cell/Mobile Phone: _____ Occupation: _____

Email: (Home) _____ (Other) _____

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: _____

For Office Use

Godparent/Sponsor for: _____ Date: _____

Completed Initial Sponsor Formation by Date: _____

If from Another Parish, Letter of Good Standing Received by Date: _____

Notes: _____

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For Office Use Only

Date Received _____

By (Name) _____

Rev: 9/12/23