

Immaculate Conception

CATHOLIC CHURCH

PO Box 158 Lakeland, LA. 70752
Phone 225-627-5124 Fax 225-627-5125

GODPARENT ELIGIBILITY FORM FOR BAPTISM

Please print all information on this top portion of the document. The godparent's signature is required at the appropriate place. The godparent must have this document signed by a priest in the parish where he/she is registered and attends Sunday Mass regularly. Please return this form to Immaculate Conception by mail or fax.

Requirements to be a godparent: (1) Cannot be the candidate's parent or step-parent, (2) Must be 16 or older, (3) Must be confirmed, leading a lifestyle that gives witness to the teachings of Jesus, attending Mass and receiving Holy Communion weekly, (4) Must be a member of a registered, active, contributing household/family of a Catholic Church parish, and (5) If currently married, married by a Catholic priest or deacon, or had his or her marriage blessed in the Catholic Church.

FULL NAME OF GODPARENT: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME & ADDRESS OF CATHOLIC CHURCH WHERE THE GODPARENT IS REGISTERED:

As godparent for _____, I declare that I am at least 16 years of age, and I am a practicing Catholic who has received the sacrament of Confirmation. I am a registered, active and supporting member of the Catholic Parish stated above.

I believe what the Catholic Church teaches, and I make a serious effort to live my life according to the Gospel and am worthy of imitation by the person I will be godparent to. I realize the great honor and responsibility placed on me before God and the Church in serving as a godparent. I intend to encourage and support this person in the practice of the Catholic faith by my word and example.

Signature of Godparent

Signature of godparent's pastor

Parish Seal:

Name of church parish

Date