

# St. Michael the Archangel Catholic Church

8014 State Road 52 ♦ Hudson, Florida 34667-6763 ♦ 727-868-5276

## Baptism Godparent Form

Name of Child to be Baptized: \_\_\_\_\_

Godparent Name: \_\_\_\_\_

Godparent's Address: \_\_\_\_\_

\_\_\_\_\_

Godparent's Phone Number: \_\_\_\_\_

Godparent's E-Mail Address: \_\_\_\_\_

Catholic Church where the Godparent is Registered: \_\_\_\_\_

City & State of Godparent's Church of Registration: \_\_\_\_\_

Are you a Roman Catholic?  Yes  No

Are you 16 years of age or older?  Yes  No

Have you received Holy Eucharist in the Catholic Church?  Yes  No

Have you received the Sacrament of Confirmation?  Yes  No

Do you regularly attend Mass?  Yes  No

Are you married?  Yes  No If yes, were you married in the Catholic Church?  Yes  No

### Godparent Testament:

I affirm that I meet the qualifications, and accept the responsibilities, of being a godparent. I am an active and participating Catholic and promise to the best of my ability to serve as an example in encouraging this child to participate in the sacramental life of the Catholic Church.

Godparent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_